Ver. 8

Add your photo her

***RESUME***

***Application Form / Personnel Data Update Form***

All parts to be filled completely, except signature, which will be required after nomination.

|  |  |  |  |
| --- | --- | --- | --- |
| **Rank applied for:** |  | **Availability Date:** |  |

|  |
| --- |
| 1. **PERSONAL PARTICULARS (As in Passport)**
 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** |  | **Middle Name** |  | **Surname** |  |
| **Nationality** |  | **Date of Birth** |  | **Place of Birth** |  |
| **Gender** |  | **Marital Status** |  | **National ID Number** |  |

|  |
| --- |
| **(2) PERMANENT ADDRESS** |

|  |  |  |  |
| --- | --- | --- | --- |
| **No.& Street** |  | **Nearest Airport** |  |
| **City** |  | **Country** |  | **Post Code** |  |
| **Email** |  | **Tel** |  | **Mobile** |  |
| **Skype ID** |  | **Whatsapp NO.** |  | **LinkedIn** |  |
| **(3) NEXT OF KIN(a Family Member)** |
| **First Name** |  | **Middle Name** |  | **Surname** |  |
| **Relation** |  |  |  |  |  |
| **No.& Street** |  |
| **City** |  | **Country** |  | **Post Code** |  |
| **Email** |  | **Tel** |  | **Mobile** |  |
| **(4) FAMILY DATA** |
| **Relationship** | **First Name** | **Last Name** | **Passport No.** | **Date of birth** |
| **Spouse** |  |  |  |  |
| **Child** |  |  |  |  |
| **Child** |  |  |  |  |
| **Child** |  |  |  |  |

**(5) BANK ACCOUNT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Account Holder** |  | **Account No.** |  |
| **Name of Bank** |  | **Swift code** |  |
| **Bank Address** |  | **Code of Bank** |  |
|  |
| **Intermediary Bank Name** |  | **Intermediary Account No** |  |
| **Intermediary Bank Address** |  | **Swift code** |  |

**(6) EDUCATIONAL QUALIFICATIOB**

|  |  |  |  |
| --- | --- | --- | --- |
| **10+2 / Degree** | **Institution / University** | **Year of Passing** | **Class** |
|  |  |  |  |

**(7) LANGUAGE KNOWLEDGE LEVEL (Mark with "X")**

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Fair** | **Good** | **fluent** |
| **English** |  |  |  |
| **Other Language** |  |  |  |

**(8) TRAVEL DOCUMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Doc. No.** | **Issue Date** | **Exp. Date** | **Place of Issue** |
| **Passport** |  |  |  |  |
| **Seaman Book(National)** |  |  |  |  |
| **Seaman Book (Panama)** |  |  |  |  |
| **Seaman Book (Liberia)** |  |  |  |  |

**(9) CERTIFICATES OF COMPETENCY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CERTIFICATE NAME** | **Rank** | **Doc. No.** | **Issue Date** | **Exp. Date** | **Issued Authority** |
| **National** |  |  |  |  |  |
| **Panama** |  |  |  |  |  |
| **Liberia** |  |  |  |  |  |

**(10) ENDORSEMENT OF RECOGNITION (FLAG ENDORSEMNET)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate Name** | **Flag** | **Doc. No.** | **Issue Date** | **Exp. Date** |
| **Basic Oil Tanker** |  |  |  |  |
| **Advance Oil Tanker** |  |  |  |  |
| **Seafarers with Designated Security Duties** |  |  |  |  |
| **Ship Safety Officer** |  |  |  |  |
| **GMDSS** |  |  |  |  |

**(11) MEDICAL DOCUMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate Name** | **Doc. No.** | **Issue Date** | **Exp. Date** | **Place of Issue** |
| **Medical Fitness Certificate** |  |  |  |  |
| **Yellow fever vaccination Card** |  |  |  |  |

**(12) CERTIFICATE OF PROFICIENCY(COP)**

 **(12.1) BASIC COP (FOR ALL RANKS)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Certificate Name** | **Doc. No.** | **Issue Date** | **Exp. Date** | **Place of Issue** | **Issued Authority** |
| **Personal Survival Techniques (4Basic)** |  |  |  |  |  |
| **Fire Prevention & Fire Fighting (4Basic)** |  |  |  |  |  |
| **Elementary First Aid (4Basic)** |  |  |  |  |  |
| **Personal Safety & Social Responsibilities (4 Basic**) |  |  |  |  |  |
| **Basic Training Or 4Basic (GT=> 500)**  |  |  |  |  |  |
| **Advance Fire Fighting** |  |  |  |  |  |
| **Survival Craft & Rescue Boat** |  |  |  |  |  |
| **Medical First Aid**  |  |  |  |  |  |
| **Seafarers with Designated Security Duties** |  |  |  |  |  |
| **Basic Training for Oil & Chemical Tanker CGO** |  |  |  |  |  |
| **Basic Training for Liquefied Gas Tanker CGO**  |  |  |  |  |  |

 **(12.2) FOR CREW**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Certificate Name** | **Doc. No.** | **Issue Date** | **Exp. Date** | **Place of Issue** | **Issued Authority** |
| **General Rating GT>=500** |  |  |  |  |  |
| **Navigation - Deck Ratings (STCW II/4)** |  |  |  |  |  |
| **Able Seafarer Deck (STCW II/5)** |  |  |  |  |  |
| **Marine Eng. - Engine rating (STCW III/4)** |  |  |  |  |  |
| **Able Seafarer Engine (STCW III/5)** |  |  |  |  |  |
| **1st Grade ships cook** |  |  |  |  |  |
| **2nd grade ships cook** |  |  |  |  |  |

 **(12.3) FOR OFFICERS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Certificate Name** | **Doc. No.** | **Issue Date** | **Exp. Date** | **Place of Issue** | **Issued Authority** |
| **Medical Care** |  |  |  |  |  |
| **Security Awareness**  |  |  |  |  |  |
| **Ship Security Officer**  |  |  |  |  |  |
| **Advance Training for Oil Tanker Cargo Oper.** |  |  |  |  |  |
| **Advance Training for Liquefied Gas Tanker**  |  |  |  |  |  |
| **Advance Training for Chemical Tanker CGO** |  |  |  |  |  |
| **Ship Safety Officer** |  |  |  |  |  |
| **Type-specific ECDIS familiarization: …….** |  |  |  |  |  |
|  |  |  |  |  |  |
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**(13) SEA SERVICE DETAILS (last ship first)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO.** | **VESSEL NAME** | **IMO NO.** | **BUILT YEAR** | **FLAG** | **COMPANY NAME** | **AGENT NAME** | **G.T** | **RANK** | **TYPE OF VESSEL** | **BHP** | **SIGNED ON DATE** | **SIGNED OFF DATE** | **PERIOD****(IN M)** | **REASON FOR SIGNED OFF** |
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**(14) Experience Matrix** (Mark with "**Y**")

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NO.** | **Description** | **MSR** | **CO** | **2/O** | **3/O** | **C/E** | **2/E** | **3/E** | **4/E** | **E/E** | **BSN** | **PM** | **AB** | **FTR** | **CDT** | **Remarks** |
|  | **Have you sailed in the following areas?** |
| **1** | Indian Ocean |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | Pacific Ocean |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | North Atlantic Ocean |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | South Atlantic Ocean |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | South China Sea |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | Malacca Strait |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | Mediterranean Sea |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** | Black Sea |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** | English Channel / North Sea |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** | Persian Gulf |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** | Panama Canal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** | Suez Canal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Chemical / Product Tanker Tank Cleaning experience** |
| **1** | Changed from dirty to clean products? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | Cleaned tanks for Methanol carriage? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Oil / Product / Chemical Tanker Experience** |
| **1** | Inerting/Purging |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | Crude Oil Washing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | Frumo Pumps operation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | COP Pumps operation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | Cargo Heating |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | Changed from dirty to clean products? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | Cleaned tanks for Methanol carriage? |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Gas Tanker Experience** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Experience of major overhaul / breakdown** |
| **1** | Dry-Dock(Mention the name of docks) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | M/E Turbocharger |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | M/E Governor |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | M/E Cyl. Liner |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | Thrust Block |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | A/E Crankshaft |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | Alternator overhaul |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** | Steering Gear |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Remarks |  |  |
|  | **Experience in Disaster Management** |
| **1** | Grounding |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | Collision |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** | Oil Spill |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** | Crank Case Explosion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** | Scavenge Fire |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** | Engine Room Fire |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** | Cargo Fire |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** | Abandon Ship |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** | Steering Failure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** | Any Other |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Experience in PMS** |
| **1** | AMOS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** | TM Master |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**(15) Physical/Health Declaration** (Mark with "**X**")

|  |  |  |  |
| --- | --- | --- | --- |
| **Height(Cm)** |  | **Weight(Kg)** |  |
| **Blood Group** |  |
| **Condition** | **YES** | **NO** | **Condition** | **YES** | **NO** |
| Eye /Vision Problem |  |  | Restricted Mobility |  |  |
| High Blood Pressure |  |  | Rheumatic Or Joint Problem |  |  |
| Heart / Vascular disease |  |  | Sleep Problem |  |  |
| Heart Surgery |  |  | Any Operation/ Surgery |  |  |
| Varicose Veins |  |  | Epilepsy Seizures |  |  |
| Asthma / Bronchitis |  |  | Dizziness / Fainting |  |  |
| Tuberculosis / Other Lung Disease |  |  | Loss Of Consciousness |  |  |
| Blood Disorder |  |  | Mental Disorder |  |  |
| Diabetes Mellitus |  |  | Depression |  |  |
| Thyroid Problem |  |  | Attempted Suicide |  |  |
| Digestive Disorder |  |  | Loss Of Memory |  |  |
| Kidney / Bladder Problem |  |  | Balance Problem |  |  |
| Skin Problem |  |  | Severe Headaches |  |  |
| Allergies |  |  | Amputation |  |  |
| Infectious/ Contagious Disease |  |  | Fractures Dislocation |  |  |
| Hernia |  |  | Back Problems |  |  |
| Genital Disorder |  |  | Ear /Nose/ Throat Problem |  |  |
| Cancer or Tumor |  |  |

**(16) Medical history (**Mark with "**X**"**)**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Have you ever signed off a ship due to medical reasons? |  |  |
| Have you undergone any operation in the past? |  |  |
| Have you consulted a doctor during the last 12 months for an illness/accident? |  |  |
| Do you have any health or disability problems now? |  |  |
| Have you ever suffered from any ailment or disease in the past that is likely to render youunfit for sea service or likely to endanger the health /wellbeing of others onboard? |  |  |
| Are you addicted to alcohol or drug of any kind? |  |  |
| Are you suffering from an ailment that requires you to be on a long –term treatment/medication? |  |  |
| Do you feel healthy and fit to perform the duties of your designated position / occupation ? |  |  |
| Have you ever been convicted of a criminal or drug offence or have any pending offences? |  |  |

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

|  |
| --- |
|  |

**(16.1) COVID19**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Product Name** | **Issue Date** | **Place of Issue** |
| **Covid19 Vaccination Card** |  |  |  |
| Have you ever got Covid19? | **YES** | **NO** |
| Are you be in touch with covid19 patient in last 2 weeks? | **YES** | **NO** |

**(17) References** (Please give the name and address of your current or immediate past employer)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of company** | **Name of person to contact** | **Address** | **🕿 No.** |
|  |  |  |  |
|  |  |  |  |
| **Reason Leaving Previous Company:** |  |

**(18) General** (Mark with "**X**")

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Have you ever been denied a foreign visa or been deported from any country?If yes, state which country and reason (if known): |  |  |
| Have you ever been the subject of a court of enquiry or involved in a maritime accident?If yes, please attach details |  |  |
| Do you have any obligations towards your current/previous employers? |  |  |
| Last Salary Received (USD) |  |

**(19) Declaration**

**Disclaimer:** The foregoing information is necessary to assess seafarer’s qualifications for the job.

I ………………………………………… hereby declare that the above particulars are true and authorize you to contact the referees listed above.

Signature of applicant Date:

“I…………………………………… as manning agency, do hereby declare that all the details mentioned above checked with original supporting documents and are in accordance with the truth and fact and we hold the responsibility for the correctness of the above-mentioned particulars.”

Sign & stamp of manning agency Date: