**GALAXY MARINERS & SHIPPING COMPANY**

|  |  |  |  |
| --- | --- | --- | --- |
| POST APPLIED FOR |  | DATE OF AVAILABILITY |  |

|  |  |
| --- | --- |
| NAME(As in Passport) |  |
| FATHER’S NAME |  |
| MOTHER’S NAME |  |
| PRESENT ADDRESS |  |
| PERMANENT ADDRESS |  |

|  |
| --- |
| PHOTOGRAPH |

|  |  |  |  |
| --- | --- | --- | --- |
| CONTACT NO. |  | E-MAIL ID |  |
| DATE OF BIRTH |  | PLACE OF BIRTH |  |
| NATIONALITY |  | MARITAL STATUS |  |

|  |  |  |  |
| --- | --- | --- | --- |
| FULL NAME OF NEXT OF KIN: | | | RELATIONSHIP: |
| ADDRESS OF KIN: |  | | |
| MOBILE NO: | | PHONE NO: | |

ACADEMIC QUALIFICATION:

|  |  |  |
| --- | --- | --- |
| NAME OF DEGREE/DIPLOMA/QUALIFICATION | NAME OF  COLLEGE/INSTITUDE/ACADEMY | % OF MARKS SCORED |
| SECONDARY SCHOOL CERTIFICATE (S.S.C) |  |  |
| HIGHER SECONDARY CERTIFICATE (H.S.C) |  |  |
| PRE-SEA TRAINING |  |  |

DOCUMENTS DETAILS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DOCUMENTS | NUMBER | DATE OF ISSUE | DATE OF EXPIRY | PLACE OF ISSUE |
| PASSPORT |  |  |  |  |
| SEAMAN BOOK/ CDC |  |  |  |  |
| WATCH KEEPING |  |  |  |  |
| INDOS NO. |  |  |  |  |
| YELLOW FEVER INJECTION |  |  |  |  |
| DC ENDORSEMENT(OIL) |  |  |  |  |
| DC ENDORSEMENT(CHEMICAL) |  |  |  |  |
| DC ENDORSEMENT(GAS) |  |  |  |  |

DETAILS OF STCW COURSES:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF COURSE | CERTIFICATION NO. | DATE OF ISSUE | PLACE OF ISSUE | NAME OF TRAINING CENTER |
| Personal Survival Technique (PST) |  |  |  |  |
| Elementary First Aid (EFA) |  |  |  |  |
| Personal Safety & Social Responsibility(PSSR) |  |  |  |  |
| Fire Prevention & Fire Fighting(FPFF) |  |  |  |  |
| Oil Tanker Familiarization(OTFC) |  |  |  |  |
| Chemical Tanker Familiarization (CTFC) |  |  |  |  |
| Gas Tanker Familiarization (GTFC) |  |  |  |  |

SEX EXPERIENCE (Last 6 ships):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF COPMPANY | NAME OF VESSEL | VESSEL TPPE | GRT | BHP | RANK | FROM | TO |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

REASON FOR LEAVING LAST COMPANY:

REFERENCE:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Company | Name of Person | Designation | Phone No. |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| LAST SALERY (USD) |  | EXPECTED SALARY (USD) |  |
| NEAREST AIRPORT |  | NEAREST INTERNATIONAL AIRPORT |  |

|  |  |
| --- | --- |
| ARE YOU READY TO ACCEPT LOWER BANK? | YES/NO |
| EXPERIENCE WITH MIX NATIONALITY CREW? | YES/NO |
| DO YOU HAVE MUI MEMBERSHIP? | YES/NO |
| ANY JUDICAL TRAIL PENDING IN ANY COUNTRY? | YES/NO |

YOUR VALUABLE NOTES CONCERNING TO EMPLOYMENT:

Declaration by Applicant:

I certify that all statement given on this application is correct and true to my knowledge. I also understand that falsification or misrepresentation (intentionally or unintentionally) in this or other personnel records can result in my immediate dismissal and forfeiture of all wages, allowances and benefit if a am employed by the Company. I do agree to submit myself to a through medical examination for registration, which I must successfully pass as one of the condition for being accepted for employment.

DATE - RANK- SIGNATURE-