

<u><b>MSS</b></u> <u><b>EXAMINATION</b></u> <u><b>UNIT</b></u>	<u><b>Checklist for</b></u> <u><b>Revalidation of</b></u> <u><b>STCW</b></u>	<u>Foam .No : CL – 15 -0</u> <u>Date of Issue: 2017.02.13</u> <u>Rev. No: 00</u> <u>Rev. Date:</u> <u>Reviewed by : MR</u> <u>Approved by : DGMS</u>
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CHECKLIST - 15

Check list for the Enclosure of the personal file

**Revalidation of STCW Certificates**

**Name of Applicant** :.....

**Index No.** : .....**COC No:**.....

**Documentation**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 01) Copy CDC pages after certification                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 02) Copy passport ( if renewed)                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 03) Copy of Medical Fitness Certificates                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 04) Revalidation or upgrading (Operational / Management Level)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 05) Copy Basic Training ( one or separate four cert.)            | <input type="checkbox"/> | <input type="checkbox"/> |
| 06) Refresher and Updating in PSCRB                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 07) Refresher and Updating in Proficiency Advanced Fire Fighting | <input type="checkbox"/> | <input type="checkbox"/> |
| 08) ECDICS ( if not earlier)                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 09) GMDSS Revalidation Pages                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Revalidation Application with the receipt of payments        | <input type="checkbox"/> | <input type="checkbox"/> |

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11) Remarks (if any)

- i).....
- ii).....
- iii).....
- iv).....
- v).....

22)No.of pages included .....

.....  
Applicant's signature & Date

.....  
Authenticated by MTI& Date

Official Use

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Guidance for filling the check list

Applicant should fill the required part of the check list which is issued by MSS only.

Check list contains with 02 parts.

All the documents should be attached in orderly manner as numbered in check list.

A. CoC Holder

1. Applicants with CoC should notify the existing CoC No.in given format
2. Applicant should omit the items listed in check list stating “N.A”. Since the relevant documents has been submitted in previous occasion of application for CoC .This should be clearly stated in remarks column with any reference date given.
3. No Box to be left blanked in the check list.
4. When multiple choices are given, clearly indicate the requirement by striking off others .  
(ie. ~~Operational~~/Management/)
5. Documents which are enclosed with the check list to be numbered and displayed at the top right corner of each document relevant to the No. s given in Check List.
6. No. of pages included in each document to be clearly identified at the bottom right corner ,  
such as 

1/3/3
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2/33
------

3/3
-----
7. Name of the applicant to be appeared, same as given in passport. If there are any changes to the name, applied after the date of application to be notified in immediately to the Merchant Shipping Secretariat Office(MSS)
8. If any document which could be relevant or supportive and made in conjunction with the listed document as in check list, could be notified in the remarks columns and shall be attached with numbered in sequential manner.
9. Applicant should sign in each page of supporting documents provided with check list, with his name and date , stating as TRUE COPY
10. At the time of filling the application, applicant should hold a valid passport ,CDC and other relevant courses listed in the check list.

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11. All the remarks and any alterations done on check list , to be counter sign by the applicant, prior submitting the document to the MSS .
12. Total no. of pages included as supporting documents to be indicated without inclusion of check list or its guidance.
13. Original check list with supporting documents shall be authenticated by relevant departmental head of a MSSO approved Maritime training institutes (AMTI) with date and designation.
14. Upon signing for verification by the applicant and AMTI, complete document file and additional photocopy of verified checklist pages to be submitted the Merchant Shipping Secretariat office.
15. Applicant should retain a copy of check list for his/her future reference.