

<u>MSS</u> <u>EXAMINATION</u> <u>UNIT</u>	<u>Checklist for Able</u> <u>Seafarer Deck</u>	<u>Foam No : CL – 16 - 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 - 16

Check list for the Enclosures of the personal file

COP For Able Seafarer Deck

Name of Applicant :.....

Index No. :

Documentation for Eligibility

- | | | |
|--------------------------------------------------|--------------------------|--------------------------|
| 01) Copy of Birth Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| 02) Copy of NIC | <input type="checkbox"/> | <input type="checkbox"/> |
| 03) Copy of Passport | <input type="checkbox"/> | <input type="checkbox"/> |
| 04) Copy of O/L and A/L | <input type="checkbox"/> | <input type="checkbox"/> |
| 05) Copy of CDC | <input type="checkbox"/> | <input type="checkbox"/> |
| 06) Copy of Medical Fitness Certificates | <input type="checkbox"/> | <input type="checkbox"/> |
| 07) Copy of Watch keeping Certificates | <input type="checkbox"/> | <input type="checkbox"/> |
| 08) Copy of Testimonial for Sea Service | <input type="checkbox"/> | <input type="checkbox"/> |
| 09) COP Application with the receipt of payments | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Documentation for Oral Examination

- | | | |
|-----------------------------------------------------|--------------------------|--------------------------|
| 10) Copy of the Letter of Eligibility | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Preparatory Course Cert. / Record Book Pages | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Theory Assessment Results / Record Book Details | <input type="checkbox"/> | <input type="checkbox"/> |

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|--------------------------------------------------------------------------|--------------------------|--------------------------|
| 13) Result Sheet | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Proficiency in basic Training (one or four separate) | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Proficiency in survival and rescue boat other than fast rescue boats | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Designated Security Duties | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Maritime English | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Written Examination Results | <input type="checkbox"/> | <input type="checkbox"/> |
| 19) Oral Examination Results | <input type="checkbox"/> | <input type="checkbox"/> |
| 20) Application for COP with the receipt of payments | <input type="checkbox"/> | <input type="checkbox"/> |
| 21) Remarks (if any) | | |
| i)..... | | |
| ii)..... | | |
| 22)No.of pages included Eligibility.....After Orals..... | | |

.....
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 MSSO only.

Check list contains with 02 parts.

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

Item No. 1 to 9 should be completed by the candidate when he comes for the Eligibility.

Candidates those who followed the preparatory course, the original check list with supporting documents shall be authenticated by Maritime Training institute (AMTI)

Item No. 17 to 18 will be Completed by Merchant Shipping Secretariat.

A. New Applicant

1. When including the documents as listed in check list, each applicable box to be ticked as follows

If included √ Not included X Not Applicable N.A

2. No Box to be left blanked in the check list.

3. When multiple choices are given, clearly indicate the requirement by striking off others .
(ie. ~~Record Book~~/Preparatory Course)

4. 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.

5. No. of pages included in each document to be clearly identified at the bottom right corner ,
such as 1/3 2/3 3/3

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6. 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(MSSO)
7. 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.
8. Applicant should sign in each page of supporting documents provided with check list, with his name and date , stating as TRUE COPY
9. At the time of completing the COP application, applicant should hold a valid Documents.
10. All the remarks and any alterations done on check list , to be counter sign by the applicant, prior submitting the document to the MSSO .
11. Total no. of pages included as supporting documents to be indicated without inclusion of check list or its guidance.
12. Complete document file and additional photocopies of verified checklist pages to be submitted to the Merchant Shipping Secretariat office.
13. Applicant should retain a copy of check list for his/her future reference.