

## Merchant Shipping Secretariat Ministry of Ports & Shipping

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	Stamp size								
	DESCRIPTIO	Photo							
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	Name of								
Applicant									
Permanent Address									
	phone Number								
	e & Place of Birth								
C.D.C		Number							
NILO		Date of Issue							
N.I.C		Number Date of Issue							
Passport		Number							
1 40	port	Date of Issue							
Dates of Written Examination									
Dot	es of Oral Examination								
Dau	es of Of at Examination								
		Number							
Interim Certificate (if any)									
(ii uiiy)		Date of Issue							
		Mandatory (	Courses Complet						
1	Name of the Course			Certificate No	Date of Issue				
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	rtify that the above info	ormation is true ar	nd accurate.						
Signature —		FOR OFFICE	OR OFFICE USE ONLY						
Of the Applicant		Date of receipt of	Date of receipt of Application						
(		Certificate Num	Certificate Number;						
		Date of Issue:							
		Date of Issue.							

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