



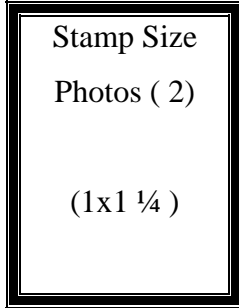
**Merchant Shipping Secretariat
Ministry of Ports & Shipping**

MSS

Examination Serial Number

**Application for the Issue of Certificate of Proficiency for Rating forming part of a
Navigational / Engineering Watch**

APPLICATION APPROVED / NOT APPROVED



.....
EXAMINER (N) / (E)

1. Name In Full:-
2. Address:-
3. Date Of Birth:-
4. Telephone No :-.....
5. CDC No:- Date of Issue -Date of Expiry:-.....
6. Passport No:- Date Of Issue :-
7. Certificates held if any (previous STCW certificate No):-
(a) Original Watchkeeping Certificate to be attached **YES/NO**

8. Details of sea service within 5 years Ledger
Number.....

Name of the ship	Date of Engagement	Date of Discharge	Period in Months	Rank
I.
II.
III.
IV.
V.

(a). Sea Service Verification by Shipping officer :

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09. Medical certificate issued by an approved medical practitioner to provide the medical fitness, eye sight, and hearing. Copies to be attached **YES/NO**

Name of the Doctor Number	Date of issue	Certificate
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10. Following certificates to be submitted along with the application (Copies to be attached)

STCW Courses Followed.

Name	Certificate No.	Date of issue
I. Fire Prevention & Fire Fighting
II. Elementary First Aids
III. Personal Survival Techniques
IV. Personal Safety & Social Responsibilities.
V. SDS/SA
VI. Maritime English

11. Sea Service Testimonials (Horse Power Cert.)/ Steering Certificate Provided :
YES/NO

12. Copies of C.D.C (Revalidation page, Sea Time Pages
YES/NO

13. Copy of Passport
YES/NO

Date : Signature of the Applicant :

14. Document Checked by Examination Unit

Watchkeeping Oral Examination Result : **PASS/FAIL**

Name of the Examiner :

Signature of the Examiner :

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