



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

MSS

Application form for Repeat Examination

1. PARTICULARS OF THE APPLICANT

CDC No:

Prefix, Mr. /Mrs. /Ms.

Surname:

Other name(s) in full:

2. TITLE / GRADE OF EXAMINATION

.....

3. DETAILS OF PREVIOUS ATEMPT(S)

Index No :

Date(s) Appeared

1 st Attempt	2 nd Attempt	3 rd Attempt

4. NEXT ATTEMPT

Month / Year:

5. SUBJECT(S)

- 1)
- 2)
- 3)
- 4)

6. SEA SERVICE AFTER THE LAST ATTEMPT (IF ANY)

Vessel	Type	GRT/HP	Rank	From	To	Months

***Sea service to be certified by the shipping officer

.....

Shipping officer

DOI:2017-11-21	Rev. No	00	FORMS		Prepared By : MR
Page 1 of 2	DOR:	DOC. NO.	EX/FO/020	Reviewed and Approved By: DGMS	
Issue No. 04	SEC. NO.	FO	Examination Unit		



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Declaration :

I declare that the information provided to you in my initial application remain unchanged. Also, I undertake to update you of any change of status immediately.

.....
Date

.....
Signature

OFFICIAL USE ONLY

Examiner's approval

.....
Date

.....
Signature

PAYMENT DETAILS

Payment

Receipt No & Date

DOI:2017-11-21	Rev. No	00	FORMS		Prepared By : MR
Page 2 of 2	DOR:		DOC. NO.	EX/FO/020	Reviewed and Approved By: DGMS
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