



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

**MSS**

**Application to attend MSS Approved Training Programme**

01. Name in Full: .....
02. Address: .....
03. Date of Birth: ..... NIC No: .....
04. Telephone No : Mobile: ..... Residence: .....
05. C.D.C No : ..... Date of issue: ..... Date of Expiry: .....
06. Passport No : ..... Date of issue: ..... Date of Expiry: .....
07. Professional Certificates held if any:.....
08. Details of Sea Service within 5 Years: [( To be filled only sea experience to illustrate 12 months in preceding 60 months) , a Separate sheet to attach if the space provided below is not sufficient)]

NAME OF SHIP	Date Sign on	Date Sign off	period onboard	Rank Served as	Shipping officer's verification

09. Following original proficiency certificates to be verified by Examination unit or Examiner of MSS office

STCW mandatory Safety training Courses Followed

	Certificate No	Date of Issue	Date of Expiry
I Advanced/Fire prevention & Fire Fighting	.....	.....	.....
II Elementary/Medicare First aid	.....	.....	.....
III Personal Survival Techniques/Proficiency in PST	.....	.....	.....
IV Personal Safety & Social Responsibilities	.....	.....	.....
V Maritime English	.....	.....	.....
VI Security Awareness/Designated Security Duties/Security Officer	.....	.....	.....

(Approved/ Not Approved)

Signature of the applicant .....

Date: .....

Examiner : (Engineering/Navigation)

Date: .....

Training programme title: .....

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Issue No. 04		SEC. NO.	FO	Examination Unit	