



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

MSS

Application for a Certificate of Competency

Description of Certificate of Competency

Full Name of Applicant (In Block Letters)		
Name with Initials		
Permanent Address		
Telephone Number		
Nationality		
Date of Birth (dd : mm : yyyy)		
Place of Birth		
Gender		
Certificate Number		
Date of Expire		
Date of Qualifying conditions met.		
Capacity		
Functions		
Height (cm)		
Color of Eyes		
Provisions of Regulation		
Levels of Responsibility		
Limitations (If any)		
Present COC No. (If any)		
Remarks		
C.D.C	Number	
	Date of Issue	
N.I.C	Number	
	Date of Issue	
Passport	Number	
	Date of Issue	

DOI:2017-11-21	Rev. No	00	FORMS		Prepared By : MR
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Issue No. 04			SEC. NO.	FO	Examination Unit



Merchant Shipping Secretariat
Ministry of Ports & Shipping

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Mandatory Courses Completed

	Name of the Course	Certificate No.	Date of Issue
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I hereby certify that the above information given are true and correct as to the best of my knowledge. In case any of the above information is found to be false or incorrect or misleading or misrepresenting, I am aware that I may be held liable for re-payment.

Date.....

.....
Signature of the Applicant

FOR OFFICE USE ONLY

Documents Completed by :

.....
Subject Clerk (Signature & Name)

Data entered by :

.....
Subject Clerk (Signature & Name)

Data verified by :

.....
Subject Clerk (Signature & Name)

Final Verification by :

.....
Examiner / AGSS (Signature & Name)

Website updated by :

.....
IT Assistant (Signature & Name)

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