

**APPLICATION FOR CERTIFICATES OF PROFICIENCY- SHIP'S COOK**

- 1. Name in Full: .....
- 2. Address: .....
- 3. Date of Birth: .....
- 4. NIC No: .....
- 5. Telephone No : Mobile: ..... Residence : .....
- 6. C.D.C No : ..... Date of issue: ..... Date of Expiry : .....
- 7. Passport No : ..... Date of issue: ..... Date of Expiry: .....
- 8. Professional Certificates held if Any:.....
- 9. Details of Sea Service within 5 Years:.....  
Name of Ship      Date of Engagement      Date of Discharge period in months      & Rank
- a) .....
- b) .....
- c) .....

**10. Following certificates to be submitted along with the application**

- a) Valid Medical Certificate No. : .....
- Name of the Doctor: .....
- Date of Issue: ..... Date of Expiry: .....

**a) STCW mandatory Safety training Courses Followed**

	Course No	Date Of Issue	Date of Expiry
I Fire Fighting	.....	.....	.....
II First Aid	.....	.....	.....
III Survival	.....	.....	.....
IV PSSR	.....	.....	.....

**N.B Every Candidate will be subject to an Oral Examination**

Date: .....

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**Signature of the applicant**

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**Checked & Prepared by**

**Verified by Shipping Officer**

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**Examiner (Approved/ Not Approved)**

