

<b><u>MSS</u></b> <b><u>EXAMINATION</u></b> <b><u>UNIT</u></b>	<b><u>Checklist for Masters</u></b>	<u>Foam .No : CL -14 - 0</u> <u>Date of Issue: 2017.02.13</u> <u>Rev. No: 00</u> <u>Rev. Date:</u> <u>Reviewed by : MR</u> <u>Approved by : DGMS</u>
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CHECKLIST - 14

Check list for the Enclosure of the personal file

**Masters ( Class 1 , 7, 8 )**

**Name of Applicant :.....**

**Index No. : ..... COC No:.....**

**Documentation for Eligibility**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 01) Copy of Pass Port ( if renewed)                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 02) Copy of CDC Pages( For Sea time Verification )       | <input type="checkbox"/> | <input type="checkbox"/> |
| 03) Copy of Medical Fitness Cert.                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 04) Copy of Testimonial for Sea Service                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 05) Eligibility Application with the receipt of payments | <input type="checkbox"/> | <input type="checkbox"/> |

No.of pages included .....

.....  
Applicant's signature & Date

.....  
Authenticated by MTI& Date

**Documentation for Oral Examination**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 06) Eligibility Letter                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 07) GMDSS Revalidation page            | <input type="checkbox"/> | <input type="checkbox"/> |
| 08). Basic Training(one or four cert.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 09) Proficiency Advanced Fire Fighting | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) PSCRB other than fast rescue boat  | <input type="checkbox"/> | <input type="checkbox"/> |

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|--|--------------------------|--------------------------|
| 11) Preparatory Course                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Previous COC                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) ECDIS ( if not done earlier )                | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Medical care                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Examination Results Sheets                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Oral Examination                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) COC Application with the receipt of payments | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Remarks (if any)                             |                          |                          |
| i).....  |                          |                          |
| ii).....   |                          |                          |
| iii).....  |                          |                          |
| 18)No.of pages included .....                    |                          |                          |

.....  
Applicant's signature & Date

.....  
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Official Use

<b><u>MSS</u></b> <b><u>EXAMINATION</u></b> <b><u>UNIT</u></b>	<b><u>Checklist for Masters</u></b>	<u>Foam No : CL -14 - 0</u> <u>Date of Issue: 2017.02.13</u> <u>Rev. No: 00</u> <u>Rev. Date:</u> <u>Reviewed by : MR</u> <u>Approved by : DGMS</u>
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Guidance for filling the check list

Applicant should fill the required part of the check list which is issued by MSSO only.

Check list contains with 02 parts.

All the documents should be attached in orderly manner as numbered in check list.

Item No. 1 to 5 should be completed by the candidate when he comes for the Eligibility.

Item 1 to 01 and 13 complete with the original check list and supporting documents shall be authenticated by relevant departmental head of a MSSO approved Maritime training institutes (AMTI) with date and designation.

Item 14 will be Completed by Merchant Shipping Secretariat.

File should be completed when candidate appears for orals

Additional subject for Master less than 500 GT ( Proficiency in Medical care, ARPA – Optional, ENS, Maritime English – Management Level )

Other Master candidates completed above courses during their Chief Mates.

A. Applicant

1. When including documents as listed in the check list, each applicable box to be ticked as follows

If included  Not included  Not Applicable  N.A

2. No Box to be left blanked in the check list.

3. When multiple choices are given, clearly indicate the requirement striking off others . . . .  
(ie. ~~Record Book~~/Preparatory Course)

4. Documents which are enclosed with the check list to be numbered and displayed at the top right corner of each document relevant to the No. s given in Check List.

5. No. of pages included in each document to be clearly identified at the bottom right corner ,  
such as  1/3  2/3  3/3

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6. Name of the applicant to be appeared, same as given in passport. If there are any changes to the name, applied after the date of application to be notified in immediate effect to the Merchant Shipping Secretariat Office(MSSO)
7. If any document which could be relevant or supportive and made in conjunction with the listed document as in check list, could be notified in the remarks columns and shall be attached with numbered in sequential manner.
8. Applicant should sign in each page of supporting documents provided with check list, with his name and date , stating as TRUE COPY
9. At the time of completing the application, applicant should hold a valid Documents.
10. All the remarks and any alterations done on check list , to be counter sign by the applicant, prior submitting the document to the MSSO .
11. Total no. of pages included as supporting documents to be indicated without inclusion of check list or its guidance.
12. Complete document file and additional photocopies of verified checklist pages to be submitted to the Merchant Shipping Secretariat office.
13. Applicant should retain a copy of check list for his/her future reference.