



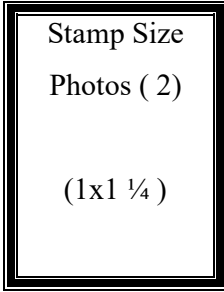
**Merchant Shipping Secretariat
Ministry of Ports & Shipping**

MSS

Examination Serial Number

**Application for the Issue of Certificate of Proficiency for Rating forming part of a
Navigational / Engineering Watch**

APPLICATION APPROVED / NOT APPROVED



.....
EXAMINER (N) / (E)

1. Name In Full:-
2. Address:-
3. Date Of Birth:-
4. Telephone No :-.....
5. CDC No:- Date of Issue -Date of Expiry:-.....
6. Passport No:- Date Of Issue :-
7. Certificates held if any (previous STCW certificate No):-
- (a) Original Watchkeeping Certificate attached **YES/ NO**
8. Details of sea service within last 5 years Ledger number:-.....

Name of the ship	Date of Engagement	Date of Discharge	Period in Months	Rank
I.
II.
III.
IV.
V.

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09. Medical certificate issued as per STCW requirement by an approved medical practitioner:
Copies attached **YES/ NO**

Name of the Doctor Date of issue Certificate Number

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10. Following certificates to be submitted along with the application (Copies to be attached)
STCW Courses Followed.

Name	Certificate No.	Date of issue
I Fire Prevention & Fire Fighting
II. Elementary First Aid
III. Personal Survival Techniques
IV. Personal Safety & Social Responsibilities.
V. SDS/SSA
VI. Maritime English

(SDSD- Seafarers with Designated Security Duties, SSA- Ship Security Awareness)

11. Sea Service Testimonials (Horse Power Cert.)/ Steering Certificate Provided: **YES/NO**

12. Copies of CDC (Revalidation page, Sea Service Pages) attached: **YES/NO**

13. Copy of Passport attached: **YES/NO**

Date: Signature of the Applicant:

Office use only:

14. Document Checked by Examination Unit: **YES/NO (seal)**

Watchkeeping Oral Examination Result: **PASS/FAIL**

Name of the Examiner:

Signature of the Examiner:

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