



Board of Examinations for Seafarers Trust

Application form for SSTP – NCV Deck

FORMAT- SSTP-01
DATE: 19-12-2013
REV No.:01

BES-SSTP FOR NCV DECK CADETS INSTRUCTIONS TO APPLICANTS

1. Before filling in this Application Form be sure to carefully read the Prospectus.
2. This Application consists of 6 sections namely,
 - i) Personal Information, ii) Educational Background, iii) Professional background
 - iv) Employer Performa, v) Declarations
3. All entries should be filled in neatly and legibly (in CAPITAL letters).
4. Enter your date of birth as given in your matriculation / Secondary School Leaving Certificate or equivalent.
5. Enter your name as given in your 10th Certificate.
6. When entering any name and address (in block letters) enter only one letter per box. A gap of one box should be left blank between separate words. Start from the first box in the top row and continue on to the second row.
7. Whenever a code letter needs to be entered in a box, specific instructions have been given with the item. However in the case of items with (Y / N), "Y" stands for "Yes" and "N" stands for "No": Enter the appropriate letters (either Y or N) as per instructions given in the specific item.
8. All the certificates attested (photocopies) and other attachments / enclosures should be submitted together with application. Such attachments should be properly fastened at the end of application form with a tag or by stapling. Mark all such attachments on the checklist provided at the end of application. Make sure that all enclosures are appended in the same order as in the checklist. Attestation of the certificate copies can be done by CTO or any Gazetted Officer.
9. Access to email would be highly desired in the educational process. You are strongly urged to make efforts to obtain access to email facilities.
10. Incomplete Application will not be considered.
11. You are advised to retain a copy of the information you have provided for your own record.
12. Completed application form should be submitted to:

DLP Course Co-ordinator
SSTP Coordinator,

Board of Examinations for Seafarers Trust
303, Mayuresh Chambers,
Plot no. 60, Sector-11,
CBD Belapur (W), Navi Mumbai
Maharashtra, India,
Pin code- 400 614.
Telephone: +91-22-67935170
Email:bestexam@besttrust.in,
Website: www.seafarers.edu.in



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Email ID:

9. Permanent Address:

Landmark:

City:

State: Pin:

Contact 1. Contact 2.

Email ID:

SECTION 2: EDUCATIONAL BACKGROUND

1. Fill in Details of 10th Examination:

1.1 Year of Passing:

2. Board: _____

3.

Subject	Marks obtained	Max. Marks
English		
Social Studies		
General Science		
Mathematics		
Total		

SECTION 3: PROFESSIONAL BACKGROUND

1. Fill in information about Pre-Sea Training (GP Rating/NCV) :

Institute: _____

Is the above institution approved by DG Shipping? [Y/N]

Place: _____

Signature of Applicant: _____

Date: _____

Name of Applicant : _____



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SECTION 4: EMPLOYER PROFORMA

Dear Employer,

You are requested to complete this Section and sign the declaration in Section 4 and return it to the cadet applicant as soon as possible. We thank you for your time, consideration, and looking forward to a fruitful collaboration between your organization and BES for professional development of your employee.

Authorized Signatory

1.Name of the Applicant:

2.Date of Joining Organization:
Date Month Year

3. Name of the Employing shipping company / ship manager:

(Attach a separate sheet giving organization profile).

4. Address of the company / ship manager:

Landmark:

City:

State: Pin:

Contact 1. Contact 2.

Email ID:

SECTION 5: DECLARATIONS

1. Declaration by Employer

This is to certify that to the best of our understanding, the information provided in section 4 is true and our organization strongly supports this educational process.

Date: _____

Signature: _____
(Authorized Signatory)

Name: _____

Designation: _____

Seal of Employer :

Name of organization: _____



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2. Declaration by the Applicant:

- ❖ I have read the Instructions with this application form and hereby declare that all the information given and statements made in various sections and parts of this Application Form and enclosures are true to the best of my knowledge.
- ❖ I agree to the condition that if any information or statement were found to be wrong, my admission to BES DLP would automatically be cancelled.
- ❖ If admitted, I promise to abide by the Rules and Regulations in force or those that may hereafter be made by the Institute and I shall do nothing either inside or outside the Institute which will interfere with its orderly working and discipline.,
- ❖ I affirm that I will regularly pay all fees / dues to the Institute during the tenure of my programme. Further, in all matters concerning the Institute and myself, the decision of BES shall be binding on me.

Place: _____

Signature: _____

Date: _____

Name: _____

CHECKLIST FOR ENCLOSURES / ATTACHMENTS

Important: Please ensure that you have enclosed the following documents / Information without which your application will be considered as incomplete and rejected. You must also ensure that the enclosures are appended in the same order as given below.

Please Tick against all those items / documents you have enclosed with this application form.

1. Two passport size photographs.
2. Attested Photocopy of 10th Mark Sheet.
3. Attested Photocopy of Pre-Sea Training Certificate
(GP Rating / NCV with Approved training Institute).
4. Attested Photocopy of Age Proof (Minimum Age should be 18)
5. Medical Fitness Certificate (As per Merchant Shipping) Rules 2000
6. Eye Sight and color vision (AS per Merchant Shipping) Rules 2000
7. Attested Photocopy of CDC
8. Attested Photocopy of INDos Certificate

For Office Use Only

Enclosure verification

Name: _____

Signature: _____

Date: _____