



Board of Examinations for Seafarers Trust

Application Form for Repeater Candidate (GP Rating)

FORMAT- RE-17
DATE: 01.07. 15
REV No.: 02

Appear in the month of Exam
(Mar/Jun/Sep/Dec)

Selected Exam Center:

Affix your **latest** photographs with plain back ground & uniform without cap. Size 30mm x 40mm

Name as per INDOS: _____

Date of Birth

DD	MM	YY
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INDOS No.

Candidate Code No.

Roll No.

(To be allotted by BES)

Write No. of attempt

Last Examination Roll No.

Pre-sea training period : From _____ To _____

Name of the Training Institute: _____

Applied for (put a tick mark which is applicable)

Written & Online	Practical	Oral
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Total no. of Parts applied

Examination Fee@ Rs. 425/- Per Part (Examination Fee will be accepted by Demand Draft only)

Please make a DD in favour of "Board of Examinations for Seafarers Trust", payable at Mumbai.

Details of Examination Fee : Amount : _____ D.D. No. _____ Date _____

Bank Name _____

For office use only

Inward No.

Received on: _____ Send by Candidate / Institute

Name of the Candidate with permanent address (As per INDOS certificate)

Name: _____

At Post : _____ Tal.: _____

Dist : _____ State : _____ Pin Code _____

Mobile No. _____ Email ID _____

I _____ to hereby declare that the information furnished above are true to the best of my knowledge.

Note: Signature should match with record of BES

Signature of Candidate



Board of Examinations for Seafarers Trust

Admit Card – GP Repeater

Affix your **latest** photographs with plain back ground & uniform without cap. Size 30mm x 40mm

You should be present in the examination hall at least half an hour before the commencement of Examination.

Appear in the month of Exam
(Mar/Jun/Sep/Dec)

Selected Exam Center

Name as per INDOS: _____

Date of Birth

DD	MM	YY
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INDOS NO.

Candidate Code No

Roll No.:

Applied for (put a tick mark which is applicable)

Written & Online	Practical	Oral
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Signature of Candidate

Please sign within the box

Note: Signature should match with record of BES