

Board of Examinations for Seafarers Trust, Mumbai Application to appear for Inland Vessel Certificate of Competency Examination - as per IV Act 1917

FORMAT- IV 001
DATE: 05.07.2017
REV No. 01
BES Code No.
Roll No

Notes: -

- (i) Before filling in the required particulars, the candidate should read carefully the Notice and the Declaration in (1).
- (ii) Entire form is to be filled in "CAPITAL LETTERS" only.
- (iii) Division (A), (B), (C), (D), (E), (F), (G), (H) & (I) of this application form are to be filled by the candidate and to be submitted to BES with candidate's Testimonials (in Original) & Photo copy of former COC, if any.

(A) Certificate now required (C) Grade			(Grade applying for):- Competency (Deck or Engine)		Signature of Candidate (Within the box)				— Pasto	Paste your recent Colour photograph				
										35mn				
(B) D	etails (of Can	didate											
Name	in Full	: →												
Fathe	er's Nan	ıe : →												
Nation	ality :→				Education	al Qualif	ication:→		R	Religion:	•			
D.O.B.	DD	MM	YYYY	Place of	Village:-	7	Taluka:-	Dist.:-	•		Sta	ite:-		
				Birth →										
Perma	nent Add	dress	Name of p	person (if any)	with whom re	esiding -	>	I			ı			
	self-attested	•	Street & r	number of hous	se	→	•							
or Ratio	Aadhar <u>or</u> F n Card <u>or</u>	'assport	Town or v	village		-)	•							
Electrici	ity Bill) elow the na	me of	Post Offic	ee →										
`	nt attached)	inc or					G() DD()							
•••••			Dist. →		State-				PIN →					
Presen	t Address	S	Dist.→			State→			PIN →	,				
Mobile	e No.	→				E-mai	il id→							
(C) P	ersona	l Des	cription	of the Ca	andidate									
Height	in Centin	netres		Complexion	1	Colour of hair			Co	lour of E	/e			
Identif	ication M	arks												
(D) P	articul	lars of	Previo	us Certif	icate (if	any)								
Numbe	Compe		Grade	rade Where Date of Issue Issue			If at any time cancelled or suspended, state by what Court or authority				Cause			
` '				d previousl	•	,			ing no	w, follov	ving	colu	mns	are
to	be fille	d. If h	e has not	failed, he r	nust state	"Not A	<u>pplicable</u>	,,,,						
	Dav	Day Month				Year Port				Subject	in wh	ich l	ne fai	led

` /	Complete list of testimonials and full STATEMENT OF SERVICE given by employer (Which should be attached as per following format):-											
	% .c	s of ige P	eme ⁄ice	uo	Period o	of Leave	Period of Surv repair when ve	vey or major essel is laid up	Net	Sea Ser	vice	
Vessels Name	ort of egistry d ficial No	urticular ip tonna d B.H.]	ate of mmenco of Serv	ate of erminati Service	From	То	From	То	Y	M	D	Nature of Service

ĵ.,	& .o	s of ige P	eme ⁄ice	Date of commenceme nt of Service Date of Termination of Service	Period of Leave		repair when vessel is laid up		Net Sea Service			l
Vessels' Name	Port of Registry & official No	Particular ship tonns and B.H.]	ate of mme of S		From	То	From	То	Y	M	D	Nature of Service
Total Service in Words												

- (G) (i). Attach any one ID proof, from the following (Self attested Photo Copy) [$Tick[\sqrt{\ }]$ & mention the name of document]
 - Passport / PAN Card / Aadhar Card [..... (Note: - Candidates, who have attached, Aadhar or Passport as Address proof, need not to attach any ID Proof)
 - (ii). Must Attach the following (Self attested Photo Copy)
 - School Leaving Certificate (SLC) OR **SSC Certificate**
- (H) Details of Assessment fees attached (Make DD in favour of 'BES Trust Examinations Fees AC')

DD No.	DD Date	Amount of DD	Name of the Bank & Branch Name

(I) Declaration to be made by the Candidate:-

I do hereby declare that the particulars contained in Paragraph (A), (B), (C), (D), (E), (F), (G), (H) and (I) of this form are correct and true to the best of my knowledge and belief, and that the papers enumerated in Paragraph (F) and sent with this form are true and genuine documents, given and signed by the persons whose names appear on them.

Date: -	Signature of Candidate

(J) For Office Use Only:

Remark if any	Eligible	Not Eligible
	Signature &	
	Name of BES Staff.	
	Date	

(K) Certificate of Examiners.

Date:

Date & Place	e of Examination	Write "Pass" or "Fail" In the Viva Voice	
Date	Place	Examination	Examiner's Signature
			Name of the Examiner

(Signature & Name)
CEO / COO
Board of Examination for Seafarers Trust