



Board of Examinations for Seafarers Trust, Navi Mumbai
Application for Examination under
Port (Harbour Craft) Rules

Format – PHCR – 001 (A)
 Date: 18.01.2018
 Rev. No. 01

Notes: -

- The Candidate should read carefully Section (I) – Declaration to be made by the Candidate, before filling up the form.
- The Candidate shall fill up entire form by using **“CAPITAL LETTERS”** only.
- The Candidate shall fill up the form in the presence of designated **Responsible Officer** of the Port.

Paste your recent pass
 port size photograph
 (45mm X 35 mm)

(A) Certificate Required:-

Grade to be examined: Mark in the applicable box

1st Class Master 2nd Class Master Serang

Motor Engineer 1st Class Engine Driver 2nd Class Engine Driver

(B) Details of the Candidate:-

Name in Full :->		First:			Second:			Surname:		
Father's Name :->										
Last Education level:->					Pass / Fail :->			Passing Year:->		
D.O.B.	DD ↓	MM ↓	YYYY ↓	Place of Birth →	Village and Taluk ↓			District ↓		State ↓
Permanent Address: ↓					Present Address: ↓					
Pin Code :->							Pin Code :->			
Mobile No. :->								E-mail id :->		

(B) Personal Description of the Candidate:-

Height in Centimetres:->		Complexion:->		Colour of hair:->		Colour of Eye:->	
Personal mark of peculiarities, if any:->							

(D) Particulars of Previous Certificate (if any):-

Sr. No.	Certificate Number	“competency” “Service or “RNR”	Grade	Where Issued	Date of Issue	If at any time cancelled or suspended, state by what Court or authority	Date	Cause
1.								
2.								

(E) If the Candidate has failed in a previous examination for the certificate now required, he must fill the details in the below table. If he has not failed, he must state **“Not Applicable”:-**

BES Code / Roll No. if any:->		DD/MM/YYYY:->		Place Appeared :->	
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(F) Complete List of Testimonials and full STATEMENT OF SERVICE in the given formats from beginning or from the date of present certificate by the employer: -

Note: The testimonials are to be numbered consecutively and attached to this Application Form.

- Service Certificate from employer – Attached Form **“PHCR – 001 (B)”** to be completed
- Character Certificate to be submitted along with Service Certificate as given in the form no. **“PHCR – 001 (B)”**

3. Sight test and color test to be submitted from DGS Approved Doctor.

(G)

1. Aadhar OR Electricity Bill No. :-> (Copy to be Attached)	2. Port ID OR PAN No. :-> (Copy to be Attached)
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(H) Details of Assessment fees attached (Make DD in favour of ‘**BES Trust Examinations Fees AC**’)

Note: The candidate shall prepare the DD for the amount given in the Notice.

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

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

(**Notice.**—Any person who makes, or procures to be made, or assists in making, any false representation for the purpose of obtaining for himself or for any other person a certificate of competency is liable to prosecution.)

I do hereby declare that the particulars contained in Divisions (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 Division (F) and sent with this form are true and genuine documents, given and signed by the persons whose names appear on them. ***I further declare that the Statement (F) contains a true and correct account of the whole of my services without exception.***

And I make this declaration conscientiously believing the same to be true.

Signed in the presence of designated Responsible Officer .

Date: _____

Place: _____

Signature of Candidate

□□□□□□□□□□□□□□□□□□□□□□**Candidates are not permitted to write below this line**□□□□□□□□□□□□□□□□□□□□□□

(C) **For Office Use Only:**

BES CODE:->	ROLL NO:->
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Remark if any	Eligible	Not Eligible
	Signature & Name of BES Staff.	
	Date:	

(D) **For Examiners Use Only**

Certificate of Examiners

Date & Place of Examination	“Passed” and “Failed”	Examiner’s Signature:_____
		Examiner’s Name:_____
		IMEI/CMMI No. _____

Date_____

Signature of CEO / COO
Board of Examinations for Seafarers Trust

Service Certificate

Name of the Candidate: _____

Name of the Employer: _____

Employee's Code No : _____ D.O.B: _____

Address: _____

Ship's Name	Port of Registry	Plying Area	BHP	Total Sea Service		Leave Taken		Vessel Laid up Period		Total Leave Taken	Total Vessel Laid Up Period	Net Sea Service	Rank Worked	Nature of Duties I / R / N	
				①						②	③	① - (② + ③)			
				From	To	From	To	From	To						
				DD/ MM/ YY	DD/ MM/ YY	DD/ MM/ YY	DD/ MM/ YY	DD/ MM/ YY	DD/ MM/ YY	YY-MM-DD	YY-MM-DD		YY-MM-DD		
Total Net Service in words: _____											Net Service: →				

Report as to Conduct: _____

Report as to Sobriety: _____

Report as to Ability: _____

I hereby, certify that the service particulars mentioned above are based on our office records.

Date of issue: _____

Place of issue: _____



Authorized Signatory

Signature: _____

Name : _____

Designation: _____

Notes: Nature of duties I / R / N – I to be mentioned for in- charge of the engine room watch, R on regular watch and if none, then, N to be reported.