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: 

Name as per INDOS:

Date of Birth DD MM YY 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 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.

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

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 INDOS NO. Candidate Code No.

Roll No.: ____________________________ Applied for (put a tick mark which is applicable)

Written & Online Practical Oral

Signature of Candidate

Please sign within the box

Note: Signature should match with record of BES