

Maharashtra Maritime Board

Application for Examination as per I.V Act' 1917

FORMAT- IV- 01
DATE: 6.02.2019
REV No.: 3



Through "Board of Examinations for Seafarers Trust"

Roll No.

Note: Division (A), (B), (C), (D), (E), (F), (G) (H) & (I) of this application form are to be filled by the applicant & submit to BES office with candidate's Testimonials and former Certificate, if any.

(A) Tick mark (√) for the grade to be examined

Engine Side			Deck Side			Signature of Candidate	Paste your recent pass port size photographs (30mm x 40mm)
2 nd Class Engine Driver	1 st Class Engine Driver	Engineer of Inland Vessel	Serang	2 nd Class Master	1 st Class Master		

(B) Candidate's details

Name in full -							
Nationality -				Educational qualification-			
D.O.B	DD	MM	YY	Place of Birth (Village)	Police Thana	District	State
Permanent Address (with Village, Police Thana, Post, District and State)							
		District→			State→		PIN→
Present Address (with Village, Police Thana, Post, District and State)							
		District→			State→		PIN→
Mobile No.							
Email - ID							
Preferred Language for appearing Examinations				Marathi / Hindi / English			

(C) Personal Description of the Candidate

Height in Centimetres	Identification Mark

(D) Particulars of all previous certificate copies (if any) to be submitted:-

Number	Certificate of Competency	Grade	Where issued	Date of Issue	If at any time Suspended or cancelled, state by which court or authority	Date	Cause

(E) Applicant who has failed previously in the grade for which applying now, shall fill below the details. If not, must write Not Applicable.

Date of examination	Grade appeared	Place of Examination

(F) Attach self-attested copy of the following document / certificate:

(a) Valid Passport **OR** Police Verification Report

Note: Candidates who are working in the Government Organization, PSUs and Major Port Trust must forward their Application with the “No Objection Certificate” from his/her Head of the department. Such candidate may not submit Police Clearance Certificate.

(b) Must attach self-attested copy of the following

- Govt. issued Photo Identity Card such as Voter Card, Driving Licence, MMB Card, etc.
- School leaving Certificate (SLC) **OR** Birth Certificate

(G) Details of DD made in favour of “BES Trust Examinations Fees AC”) as Assessment Fee:

DD No.	DD Date	Amount of DD	Name of Bank with Branch Name

(H) List of Documents / Certificates to be attached:

<ol style="list-style-type: none"> Original Sea Service Certificate Original Notarized Affidavit Other State “Serang” Certificate holder - Original Letter from IV Master / Company certifying that the candidate has worked under duly qualified IV master of vessel plying within the coast of Maharashtra Self-attested copy of Educational Qualification Certificate Self-attested copy of valid Passport OR Police Verification Certificate, If NOC, then in Original Self-attested copy of Govt. issued Photo Identity Card Self-attested copy of School Leaving Certificate (SLC) OR Birth Certificate Self-attested copies of Modular Safety and Security Courses Valid DG Approved Medical Certificate
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(I)

To take notice that any person who makes, procures to be made or assists in making any false representation for the purpose of obtaining for himself or any other person a Certificate of Competency is for each offence liable to be punished for a misdemeanour. I do here by, declare that particulars contained in division (A), (B), (C), (D), (E), (F), (G) (H) and (I) are correct and true to the best of my knowledge and belief, and that the papers enumerated in division (H) and sent with this form are genuine documents given and signed by the person whose names appear on them. I further declare that the statement (H) contains a true and whole of my service without exception. And I make this declaration consciously believing it to be true.

Dated: _____

Place: _____

Signature of the Applicant

For Assessing Officer’s Use Only:

Eligible / Not Eligible	Remarks if any:	Signature:
		Date :

For Office Staff Use Only:

Name of the Candidate	
Candidate's Roll No.	
Grade Appearing	

For Examiner's Use Only:

Note: The Examiner should fill up following field and in all cases as soon as possible forward this paper to the Chief Co-ordinator IV examination, Navi Mumbai. If the applicant passes his Testimonials and previous Certificate if any must be sent with this paper to the Co-ordinator of IV examination.

Part – I

Date of Written Examination	Written Examination Result Pass or Fail

Part – II

Date of Oral Examination	Oral Examination Result Pass or Fail	Specify Rank for which passed
		Rank Passed _____ Examiner's Signature _____ Date: _____

For Examination Co-ordinator's Use Only:

I hereby, certify that the particulars contained above are correct. The above-named candidate has been declared FINALLY (Pass or Fail) _____.

Dated this ----- day ----- of -----

Co-ordinator (IV Examination)
Board of Examination for Seafarers Trust
CBD Belapur, Navi Mumbai.