	Board of Examinations for Seafarers Trust	
	Bio Data of Examiners (GP)	FORMAT- AD-01 DATE: 22.11.2019 REV No.:01

Please affix a colour photograph

BIO – DATA

(To be filled by Examiner/ Invigilator)

1. Name and Address

Name:																						
Address: **City** **Pin Code**																						
Tel. No. with STD Code												**Mobile No.**										

PAN NO. :										

E Mail ID	

2. Date of birth (ddmmyy)							**3. Age (years)**		

4. Present designation:

5. Name and address of present employer

6. Designation: Please tick as applicable **Master** **Chief Engineer**

7. Certificate of competency no. | | | | | | | | **Date of Issue:** |

8. Are you a member of IMEI or CMMI? Please Tick Mark Yes/ No. **Membership No.**

9. Are you associated with any institute conducting ratings training? Yes /No

(Answer 'YES' even if you were associated with an institute any time during last six months)

10. Name & address of the training institute to which you were associated (Fill in only if the answer to Sr. No. 9 is 'Yes)

Have you taken clearance from your present employer to work on part time basis for BES? YES / NO

The above information is true to the best of my knowledge. I pledge to maintain the integrity of examination at all times.

Date: Signature

Approved/Not approved Remarks if any:

CEO/COO