



Board of Examinations for Seafarers Trust

Bio data CCMC Examiners

FORMAT- AD-02
DATE: 22.11.2019
REV No.:01

1. Name:

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2. Address:

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Please affix
a color
photograph

Pin Code

Tel. No. with STD Code

Mobile No.

E-mail ID :

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3. Date of Birth (DD-MM-YY)

4. Age (Yrs)

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5. PAN No. :

6. Educational/Professional Qualification

Diploma/Degree Title	Institute/University	Year

7. Present Employer/Designation:

(Please attach your CV with details)

8. Experience in Hotel Management related areas/

Teaching Experience (If any):

Sea Service (if any)

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

If yes, please give details

Name of the Institute:

Served as:

From:

To:

10. Have you informed your organization about working as a part time Examiner for BES? YES / NO

The above information is true to the best of my knowledge.

Restrictions on availability for examination duties (if any)

Date:

Name and Signature:

Remarks if any:

Approved/Not Approved:

CEO/COO