

## **Board of Examinations for Seafarers Trust**

## Bio Data of Examiners for IV Exam (Deck/Navigation Side)

FORMAT- AD-14.1 DATE: 02.04.2012 REV No.:00

	BIO – DATA (To be filled by Master Mariner)  1. Name and Address Name:																Please affix a			
Name: Home Address:																pho	togra	ph		
	C'an B' C L																			
City Tel. No. with		<del>                                     </del>		Pi	in Cod	e		1	1	Mo	1. *1 .				1					1
STD Code							No.													
<b>PAN NO.</b> : (	(must)															nd Xer				
Email ID:	Email ID:																			
2. Date of Birth (dd-mm-yy)																				
4. Present designation:																				
5. Name and add	dress of pres	ent emplo	yer																	
6. Experience:  Rank Master Chief Officer Teaching Pilot or harbor Master Other related experience														rienco	<u> </u>					
Yrs of service																				
Language – (cor		Hindi	<u> </u>		Urdu 1				Marathi Gujrati					Konkani						
State a few lines harbor, river na			oility to	o cond	luct or:	al exa	amina	tion f	or in	land	vessel	crew	and f	ami	iliari	ity w	ith M	umba	i	
7. Certificate of competency no. Date of issue																				
8. Are you a me	8. Are you a member of IMEI or CMMI?							Yes/No Member Ship No.												
Do you require	your employ	er's perm	ission	to be a	an exte	rnal	exami	ner f	or BI	ES?									_	
The above inf	ormation i	s true and	d I ple	edge 1	to mai	intaiı	n the	integ	grity	of e	xami	natio	n at	all	time	es.				
Date:						Si	gnat	ure												
Approved/Not approved									Rer	nark	s if a	ny:								