

**Board of Examinations for Seafarers Trust****Application Form for Repeat Candidate
(GP Rating)**FORMAT- RE-17(A)
DATE: 20.04.2023
REV No.: 10Month appearing the Exam.
(Mar/Jun/Sep/Dec)

Year

Exam Centre Selected:

(MUM/GOA/DEL/KOC/KOL/CHE)

Name as in the INDOS :

Candidate Code No. :

No. of Attempts :

Training Institute Name :

Affix your latest
Photographs with
plain back ground
& uniform without
cap. Size 30mm x
40mmPayment through
QR Code, Kindly
scan the QR codeThe candidates must attach self-attested copies of STCW certificates of
(PST,EFA,FPPF,PSSR, STSDSD)

(For BES office use only)

Roll No.



Applied for Examination / Examinations (put a tick mark which is applicable)

GSK Online
(Fees Rs.300/-)MEK Online
(Fees Rs. 300/-)GSK Practical & Oral
(Fee Rs.550/-)MEK Practical & Oral
(Fee Rs.550/-)(For office use only) Send by Candidate / Institute
Received on: _____

Inward No: _____

The candidate shall pay the fee/fees through QR Code. Other mode of payment will not be accepted.

Please mentioned UPI or UTR No:.....Amount.....Date.....

Postal Address for Correspondence [Please write in Capital Letters only]

Address : _____

Pin Code _____ Mobile No. _____ Email Id _____

I _____ do hereby declare that the information furnished above are true to the
best of my knowledge.

Signature of the candidate: (Please sign in the box provided)

**Board of Examinations for Seafarers Trust****Admit Card – GP Repeat Candidate**

(To be filled by the candidate)

Month of appearing Exam
(Mar/Jun/Sep/Dec)

Exam Centre Selected:

(MUM/GOA/DEL/KOC/KOL/CHE)

Affix your latest
Photographs with
plain back ground &
uniform withoutcap.
Size 30mmx 40mm

Name as in the INDOS :

Date of Birth :

INDOS No. :

Candidate Code No. :

Roll No. (For office use only)

Signature of the Candidates
(Please sign in the box provided)

(Please put ✓ for the examination part you appear)

GSK Practical
& OralMEK Practical
& OralGSK
OnlineMEK
Online

For Board of Examinations for Seafarers Trust