

Maharashtra Maritime Board



(Through “Board of Examinations for Seafarers Trust”)

Application Form

**Re-validation of Certificate of Competency under IV Act, 1917,
as amended**

1) Details of CoC to be revalidated

- a) No. of COC _____
- b) Grade _____
- c) Date of Issue _____

Paste your recent
color photographs
on **white**
background
Stamp Size

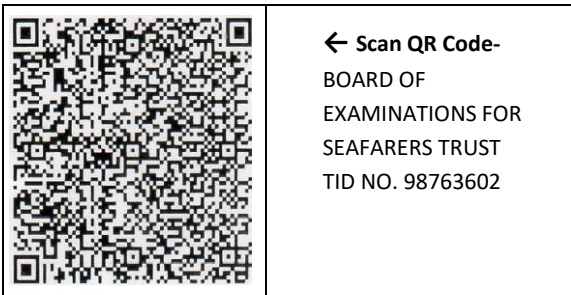
2) Details of the Candidate

- a) Name _____
- b) Address _____
- _____
- _____
- c) Mobile No _____
- d) Email _____

3) Details of the Fees Payment

- a) To BES Rs.531/-

UPI No:- _____ Date:- _____



- b) To MMB Rs.649/-

By Demand Draft Payable to **“Maharashtra Maritime Board, Mumbai”**

4) List of documents to be Attached

- a) Original **sea-service** certificate, with duly Notarised Affidavit, for service on Inland Vessel for a minimum of one year during the preceding five years.
- b) Self-attested copy of CoC **along with Original CoC**, to be revalidated
- c) UPI Payments Receipt for **Rs. 531/-** for the **BES**
- d) Original Demand Draft for **Rs. 649/-** payable to the Maharashtra Maritime Board, Mumbai
- e) Self-attested copy of valid Re-fresher course certificate for 04 basic STCW course & STSDSD
- f) Self-attested copy of valid revalidation course certificate, issued by IMU Mumbai Campus
- g) Latest colour photographs with white background (2 Nos - **size (25 x 20 mm)**)
- h) Valid DG Approved Medical Certificate

5) Declaration

I do hereby declare that, particulars contained in this Application are correct and true to the best of my knowledge and belief, and that the attached documents are genuine and signed by the person whose name appear on them. I make this declaration consciously believing it to be true.

Date_____

Place _____

Signature of the Applicant

6) Office Use

- a) Application Verified / Not Verified

Signature of Assessed officer BES_____

Date_____

- b) Details of re-validation certificate issued

Name of Candidate_____

Revalidation Sticker No_____

Signature of BES Staff _____

Date_____