SEA SERVICE CERTIFICATE

Owners / Company Name: _____

Owners / Company Address: _____

_____

Owners Telephone: _____

Owners Email Id: _____

Name of the Candidate: _____

Date of Birth: _____

(To be issued by the employer)

Ship's Name	Port of Registry	Registration Number	BHP	Total Sea Service		Leave Taken		Vessel Laid up Period		Total Leave Taken			Total Vessel Laid Up Period			Net Sea Service			Rank Worked
				1						2			3			1-(2+3)			
				from	to	from	to	from	to										
				DD-MM-YY	DD-MM-YY	DD-MM-YY	DD-MM-YY	DD-MM-YY	DD-MM-YY	YY	MM	DD	YY	MM	DD	YY	MM	DD	
								TOTAL NET SEA SERVICE											

Total net sea service in words –

Report as to Conduct: _____ **Report as to Sobriety:** _____ **Report as to Ability:** _____

I hereby certify that the above service particulars are based on the employer's office record.

Rubber stamp of company

Date of issue: _____

Place: _____

Authorized signatory of the company with rubber stamp

SAMPLE COPY