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



**Application for Oral Examination** 

FORMAT – IV-05 Blue Chit MMB Dated 01.09.23 Rev No-00

## For those possessing Blue Chit, issued by MMD

	lled by BES office cation No	<u>e)</u>	Roll No-			
Notes:	<b>: -(i)</b> Please fill u	up the form in <u>"C</u>	APITAL LETTERS" only.		Paste your recent color photographs	
1)	Details of Blue	e Chit			on white background (Fits within the	
a)	Blue Chit No _		Date of Issue		<i>box</i> )	
C) (	Grade of Blue (	Chit				
2)	Details of the Candidate				Signature Of Candidate	
a)	Name					
b)	Date of Birth	DD/MM/YYY	Y			
d)	Place of Birth	1		L		
,			State			
f)			.ttached the proof )			
	Dist		State		_Pin	
g)	E-mail (write in	Capital Letters only)		h)	Mobile No	
3)	Personal Des	scription of tl	ne Candidate			
a)	Height in Cen	timetres	b) Identification Mark			
4)	Details of Fe	es Pavments				
a)	Through UPI					
Í		■ Code- BOARD OF EXAMINATIONS FORSEAFARERS TRUST TID NO.	UPI/UTR No			
			Date			
			Amount			
Ì		98763602	(OR)			
b)	Through NEF	T <b>(Account D</b>	etails Given Below)			
	Name: Board of Examinations for Seafarers Trust					
	Bank Name: H	DFC BANK				
	Branch: NERU	JL (EAST), Nav	i Mumbai			
	Account Numb	er: 0258145000	0011			
	IFSC Code: HI	DFC0000258				

- 5) List of documents to be Attached: -
- a) Sea Service Certificate (in Original)
- b) Notarize Affidavit for Sea Service by Candidate
- c) Self-attested copies of Modular Safety and Security Courses (DG Approved)
- d) Self-attested copy of **Blue Chit**
- e) Self-attested copy Aadhar Card
- *f*) Self-attested valid Medical Certificate (Physical fitness, Eyesight test, good night vision & no color blindness) by DG approved medical examiner

## 6) Declaration

I do here by, declare that, particulars contained in the 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 names appear on them. I make this declaration consciously believing it to be true.

Date\_\_\_\_\_ Place \_\_\_\_\_

## Signature of the Applicant

	Application Eligible / Not Eligible
	Date of AssessmentSignature of Assessing officer BES
8)	For Examiner's Use Only
	Date of Oral Examination
	Oral Examination result (Pass or Fail)
	Rank Passed
	Examiner's Signature & Date
9)	For Examination Co-ordinator's Use Only
	I hereby, certify that the particulars contained above are correct. The above-named candidate has been Declared FINALLY <b>(Pass or Fail)</b>
	(Signature & Name)Date
	In-Charge, IV/Port Examination