

QFAD 02 QM 7.2, 7.3 QP 17	Board of Examinations for Seafarers Trust TITLE: Bio Data of Examiners (CCMC)	REV: 01 DATE: 01.01.2024	
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1. Name:

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Please affix a
color
photograph

2. Address:

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Pin Code

Tel. No. with STD Code

Mobile No.

E-mail ID:

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3. Date of Birth (DD-MM-YY)

4. Age (Yrs)

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5. PAN No.:

6. Educational/Professional Qualification

Diploma/Degree Title	Institute/University	Year

7. Present Employer/Designation:

(Please attach your CV with details)

8. Experience in Hotel Management related areas/

Teaching Experience:

Sea Service (if any)

9. Are you associated with any maritime training institute?

Yes /No

If yes, please give details

Name of the Institute:

Served as:

From:

To:

10. Have you informed your organization about working as a part time Examiner for BES?

YES / NO

The above information is true to the best of my knowledge.

Restrictions on availability for examination duties (if any)

Date:

Name and Signature:

Approved/Not Approved:

Remarks if any:

CEO / COO