QFAD 14.1

QM 8.4.1

QP 07

Date: -

Board of Examinations for Seafarers TrustTITLE:

Bio-Data of IV/Port Examiner (DECK) Selection

REV: 01 DATE: 01.01.2024



(T	$\mathbf{BIO} - \mathbf{D}$ o be filled by Mas			
1. Name and Address	o be filled by with	ster iviariner)		Please affix a colour
Name:				photograph
Home Address:				
	Code	126.19		
Tel. No. with STD Code		Mobile No.		
E-mail ID:				
2. PAN No.:				se send Xerox copy or ch scanned copy
	A occurred NT.			
3. Bank: Account No.: IFSC:				
	if SC.			
4. Date of Birth (dd-mm-yyyy)		[5. Age (years)	
6. Present designation:				
7. Name and address of present employer:				
8. Experience:	m i bu			
Rank Master Chief Officer Total years of service	Teaching Pilot	or Harbor Master	Other marine rela	ted experience if any
9. Languages known (please tick) English	Hindi Marathi	Bengali Telu	ıgu Malayalam	Kannada Tamil
10. Certificate of competency (COC) No.			Date of issue	
11. Are you a member of IMEI or CMMI? Yes.	/ N.T	Member Ship No.		
100,				
12. Do you require your employer's permission to be The above information is true and I pledge to main			times.	
Signature with date:				
Approved / Not approved by CEO / COO		Remarks if any:		