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| QFAD 14.2 QM 8.4.1 QP 07 | Board of Examinations for Seafarers Trust TITLE: Bio-Data of IV/Port Examiner (Marine Engineer) Selection | REV: 01 DATE: 01.01.2024 |  |
|--------------------------------|--|--------------------------------|--|

BIO – DATA

(To be filled by Chief Engineer)

Please affix a
colour
photograph

1. Name and Address

| | | | | | | | | | | | | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|--|-------------------|--|--|--|--|--|--|--|--|--|
| Name: | | | | | | | | | | | | | | | | | | | |
| Home Address: | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | Pin Code | | | | | | | | | |
| Tel. No. with STD Code | | | | | | | | | | Mobile No. | | | | | | | | | |

E-mail ID:

| | | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|---|
| 2. PAN No.: | | | | | | | | | | Please send Xerox copy or attach scanned copy |
|--------------------|--|--|--|--|--|--|--|--|--|---|

| | |
|-----------------|---------------------|
| 3. Bank: | Account No.: |
| | IFSC: |

| | | | |
|--------------------------------------|--|-----------------------|--|
| 4. Date of Birth (dd-mm-yyyy) | | 5. Age (years) | |
|--------------------------------------|--|-----------------------|--|

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| 6. Present designation: |
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7. Name and address of present employer:

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8. Experience:

| Rank | Master | Chief Officer | Teaching | Pilot or Harbor Master | Other marine related experience if any |
|------------------------|--------|---------------|----------|------------------------|--|
| Total years of service | | | | | |

| | | | | | | | | |
|---|----------------|--------------|----------------|----------------|---------------|------------------|----------------|--------------|
| 9. Languages known (please tick) | English | Hindi | Marathi | Bengali | Telugu | Malayalam | Kannada | Tamil |
|---|----------------|--------------|----------------|----------------|---------------|------------------|----------------|--------------|

| | | | |
|--|--|----------------------|--|
| 10. Certificate of competency (COC) No. | | Date of issue | |
|--|--|----------------------|--|

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|--|---------|------------------------|--|
| 11. Are you a member of IMEI or CMMI? | Yes/ No | Member Ship No. | |
|--|---------|------------------------|--|

12. Do you require your employer's permission to be an examiner for BES?

The above information is true and I pledge to maintain the integrity of examination at all times.

Signature with date:

Approved / Not approved by CEO / COO

Remarks if any:

Date: -