


QFAD 17 QM 8.4.1 QP 17	Board of Examinations for Seafarers Trust TITLE: Bio- Data of Faculty	REV: 01 DATE: 01.01.2024	
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1. Name and Address:

Name:	
Tel. No. with STD code:	Mob. No.:
Email ID:	Pin Code:

Please
affix a
color
photograph

2. PAN No.:

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3. Date of Birth: _____ Age (years): _____

4. Education /Professional Qualification (Please attached CV)

Degree/ Diploma	University/ Institute	Year

5. If you Mariner (please fill up the following fields)

a. Designation: Please tick as applicable

Master

Chief Engineer

b. Certificate of competency no.

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Issued date

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c. Are you a member of IMEI or CMMI? Please Tick Mark
If NO, please obtain the membership of IMEI / CMMI

Yes/ No.

Membership No.

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6. Name & address of the present employer:

Present Designation:

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7. The above information is true to the best of my knowledge. I pledge to maintain the integrity.

Approved / Not Approved

Name & Signature

CEO/COO

Remark if any: