




QFRE 16(A) QM 8.1 QP 13	Board of Examinations for Seafarers Trust Application form for Repeater Candidate (CCMC Rating)	REV: 10 DATE: 01.01.2024	
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Month appearing the Exam. (Mar/Jun/Sep/Dec)	<input type="text"/>	Year	<input type="text"/>	Exam Centre Selected: (MUMBAI/KOLKATA/CHENNAI)	<input type="text"/>			
Name as in the INDoS :				Affix your latest Photographs with plain back ground & uniform without cap. Size 30mm x 40mm	Payment through QR Code, Kindly scan the QR code 			
Candidate Code No. (Issued by BES) :								
No. of Attempts :								
Training Institute Name:								
The candidates must attach self-attested copies of STCW certificates of (PST, EFA, FPFF, PSSR, STSDSD)								
<div> <div>(For BES office use only)</div> <div> <input type="text"/> </div> </div>								
Applied for Examination / Examinations (put a tick mark which is applicable)								
<table border="1"> <tr> <td> Practical (Fees Rs.566/-) </td> <td> Oral (Fees Rs. 566/-) </td> <td> Online (fees Rs. 568) </td> </tr> </table>						Practical (Fees Rs.566/-)	Oral (Fees Rs. 566/-)	Online (fees Rs. 568)
Practical (Fees Rs.566/-)	Oral (Fees Rs. 566/-)	Online (fees Rs. 568)						
<div> <div>(For office use only) Send by Candidate / Institute</div> <div>Received on: _____</div> <div>Inward No: _____</div> </div>								
The candidate shall pay the fee/fees through QR Code. Other mode of payment will not be accepted.								
Please mentioned UPI or UTR No:.....Amount.....Date.....								

Postal Address for Correspondence [Please write in Capital Letters only] Address: _____ _____ _____ _____ Pin Code _____ Mobile No. _____ Email Id _____ I _____ do hereby declare that the information furnished above are true to the best of my knowledge. Signature of the candidate: (Please sign in the box provided) → <input type="text"/>

	Board of Examinations for Seafarers Trust Admit Card – CCMC Repeater Candidate <i>(To be filled by the candidate)</i>	<input type="text"/>
Month of Appearing Exam (Mar/Jun/Sep/Dec)	<input type="text"/>	Exam Centre Selected: (MUMBAI/KOLKATA/CHENNAI)
Name as in the INDoS :		
Date of Birth :		
INDoS No. :		
Candidate Code No. :		
Roll No. (For office use only) <input type="text"/>		
Signature of the Candidates (Please sign in the box provided) <input type="text"/>		
<div> <div>Affix your latest Photographs with plain back ground & uniform without cap. Size 30mmx 40mm</div> <div> (Please put ✓ for the examination part you appear) </div> <div> <div> Practical </div> <div> Oral </div> <div> Online </div> </div> <div>For Board of Examinations for Seafarers Trust</div> </div>		