



QFRE 17(A) QM 8.1 QP 13	Board of Examinations for Seafarers Trust Application form for Repeater Candidate (GP Rating)	REV: 10 DATE: 01.01.2024	
-------------------------------	--	--------------------------------	--

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. :					
No. of Attempts :					
Training Institute Name:					
The candidates must attach self-attested copies of STCW certificates of (PST, EFA, FPFF, PSSR, STSDSD)					
(For BES office use only) Roll No. <input type="text"/>					
Applied for Examination / Examinations <i>(put a tick mark which is applicable)</i>				(For office use only) Send by Candidate / Institute Received on: Inward No:	
<input type="checkbox"/> GSK Online (Fees Rs.300/-)	<input type="checkbox"/> MEK Online (Fees Rs. 300/-)	<input type="checkbox"/> GSK Practical & Oral (Fee Rs.550/-)	<input type="checkbox"/> MEK Practical & Oral (Fee Rs.550/-)		
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 <i>[Please write in Capital Letters only]</i> Address: Pin Code..... Mobile No..... Email Id Ido 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 – GP Repeater Candidate <i>(To be filled by the candidate)</i>	<input type="text"/>	Affix your latest Photographs with plain back ground & uniform without cap. Size 30mmx 40mm
Month of appearing Exam (Mar/Jun/Sep/Dec)	<input type="text"/>	Exam Centre Selected: (MUMBAI/KOLKATA/CHENNAI)	
Name as in the INDoS :			(Please put ✓ for the examination part you appear)
Date of Birth :			
INDoS No. :			
Candidate Code No. :			
Roll No. (For office use only)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of the Candidate (Please sign in the box provided)	<input type="text"/>	<input type="text"/>	<input type="text"/>
For Board of Examinations for Seafarers Trust			