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 Exa (Mar/Jun/Sep/Dec)	ım.	Yea	r	Exam Centre So (MUM/KOC/GOA/DEL/H		
Name as in the INDoS		Affix your latest Photographs with plain back ground Payment through QR Code, Kindly scan the QR code				
Candidate Code No.	& uniform witho	ut	scan the QK code			
No. of Attempts	40mm					
Training Institute Name:	•••••		•••••			可以表现各国
The candidates must a	ttach self-att	tested copies of S	TCW certifica	tes of		100 A
(PST, EFA, FPFF, PSS	SR, STSDSD)			{	
(For BES office use only) Roll No.					Ī	
Applied for Examination		<u> </u>		Receive		Send by Candidate / Institute
	dline MEK Online GSK Practical & Oral MEK Practical & Oral					
The candidate shall pay th	e fee/fees thro	ugh QR Code . Othe	r mode of payme			
Please mentioned UPI or	UTR No:		• • • • • • • • • • • • • • • • • • • •	Amount	Da	te
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I		do here	by declare that	the information f	urnished a	bove are true to the
best of my knowledge.						
Signature of the candidate:	(Please sign	in the box provide	ed) → _			
В	oard of Exa	minations for Sea	afarers Trust			Affix your latest Photographs with
Admit Card – GP Repeater Candidate (To be filled by the candidate)						plain back ground & uniform withoutcap.
Month of appearing Exam	,	Exam	Centre Selected	l:		Size 30mmx 40mm
(Mar/Jun/Sep/Dec)		(MUM/KO	C/GOA/DEL/KOL/CHN)			
Name as in the INDoS :	(Please put √ for	(Please put √ for the examination part you appear)				
Date of Birth :.		•••••	GSK Pr & O		MEK Practical & Oral	
INDoS No. :		•••••	•••••		141	& Olai
Candidate Code No. :.	•••••			GS. Onli		MEK Online
Roll No. (For office use onl	y)					
Signature of the Candidate (Please sign in the box provided)				For Board	of Examinatio	ns for Seafarers Trust