QFRE 41

QM 8.1

QP 13

Board of Examinations for Seafarers Trust TITLE: QUALITY FORM Application for Re-issue of GP/CCMC

Certificate

REV: 05 DATE: 27.09.2024



Put tick mark ($$) for GP Rating [or CCMC	Date: /	/
Certificate Request for Correction	or Duplicate Certificate		
Name of the Candidate	BES Code Number (if available)	Name of Training Institute	
INDoS Number	Mobile No.	Email ID	
Reason for Application: - a) Correction in Name: Date	te of Birth INDOS No.	Signature	
b) Duplicate Certificate: Lost	Damaged		
1. Details of Fees of Rs. 1000/-	· (For Correction or Issuance of Du	plicate Certificate)	
a) Online Payment through Q	R code: UPI/UTR No:	Date:	
	← Scan QR Code- BOARD OF EXAMINATIONS FOR SEAFARERS TRUST TID NO. 98763602		
2. For Re-issuance of Certificate after Correction: a. Original Certificate issued by Board of Examination for Seafarers Trust b. Self-attested Photo copy of Passport c. Self-attested Photo copy of INDOS Certificate			
 For Issuance of Duplicate Cer a. Police Report or, Original A loss of the original certifica b. Self-attested Photo copy of 	Affidavit on stamp paper of Rs. 100/- vte.	with details about the reason of [
		Candidate's Signature	
Date:	*************For Office Use************	**************************************	****
Approved / Not Approved			
Checked & verified by BES Staff (Name)		(Signature)	