

NATIONALITY :

INDOS NO.

PASSPORT NO.

Application for Issuance of Certificate (Endorsement) for Service on Tankers

(Refer to Instructions and Guidelines given overleaf for filling up application form)

To,
The Facilitation Centre of INSA, Mumbai
SUB : Application for Issuance of Certificate (Endorsement) for service on Tankers.

Particulars of Candidate:

| | | | | | | | | | | |
|---|---|-------|-----------------------|---|-----|------------------------|--|-----------|----|----|
| 1. Name : (In Block Letters) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">First</td> <td style="width: 33%;">Middle</td> <td style="width: 33%;">Last</td> </tr> </table> | First | Middle | Last | (2) | Date of Birth : | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">DD</td> <td style="width: 33%;">MM</td> <td style="width: 33%;">YY</td> </tr> </table> | DD | MM | YY |
| First | Middle | Last | | | | | | | | |
| DD | MM | YY | | | | | | | | |
| 3 C.D.C : Number : | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;">Date of issue:</td> <td style="width: 33%;"></td> </tr> </table> | | Date of issue: | | | Place of Issue | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | | |
| | Date of issue: | | | | | | | | | |
| | | | | | | | | | | |
| 4 Certificate of Competency / Service Grade: | | | No. : | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | | Yes | No | | |
| | | | | | | | | | | |
| Yes | No | | | | | | | | | |
| | | | | | | | | | | |
| 5 Medical Certificate (Format as per ILO Convention) : (photocopy to be attached) | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> | | | | | | |
| | | | | | | | | | | |

6 Modular Courses Done : (photocopies to be attached)

| | | |
|--|--|--|
| (a) Fire Prevention and Fire Fighting (Basic) | | |
| (b) Advanced Fire Fighting | | |
| (c) Oil / Chemical / Gas* Tanker Familiarisation/ Safety* Course : | | |
| (d) Specialized Training Program on Oil / Chemical/ Liquefied Gas Tankers : | | |
| (e) Liquid Cargo Handling Simulator course (2 ½ Days) : | | |
| (f) Liquid Cargo Handling Simulator Course (5 Days) : | | |

*Delete as appropriate

7 Record of Service : (On Type of Tankers for which endorsement is sought)

| Vessel's Particulars | | | Rank Served | Duration Served | | Total Time Served | Certificate of Competency held |
|----------------------|------|------------------|-------------|-----------------|----|-------------------|--------------------------------|
| Name | Type | Port of Registry | | From | To | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

8. Issuance of Certificate (Endorsement of Service on Tankers requested as follows:

| Type of Tanker | Level # |
|--|---------------------|
| Oil / Chemical / Liquefied Gas* Tanker | Level 1 / Level 2** |

*Delete as appropriate

**Level 1 = Qualified to be assigned specific duties and responsibilities related to cargo or cargo equipment.

**Level 2 = Qualified to hold immediate responsibility for loading, discharging and care in transit or handling of cargo.

I hereby declare that the particulars given above are correct and true to the best of my knowledge and belief. I have read the instructions given overleaf.

Date: Place: Signature of Applicant:

(FOR OFFICIAL USE)

Fees paid: Challan No: Office Assistant:

I have scrutinized above application in line with applicable guidelines. Candidate is **Eligible / Not Eligible** for Issuance of Certificate (Endorsement for service on Tankers as requested and may be issued.

Endorsement No: Signature of Duly Authorized Officer:

Dated : Name of Officer

In Capacity of : Designation :