



CIN No : U63030PB2021PTC052843

OCEAN PEARL SHIP MANAGEMENT PVT. LTD.

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APPLICATION FORM

Rank Alternative					
First Name		Last Name			
Address					
Contact number					
Email ID					
DoB PoB			Citizenship		
Height Weight			Eye Hair		
Marital Status			No. of dependant		
LANGUAGES KNOWN:			Expected Salary		
Academic Qualification Details					
Qualification	Board	Passing Year	Total Percentage		
SSC					
HSC					
Degree					
Pre Sea Training					
Professional Qualification					
Passport Details					
Document No.	Issue Date	Valid Date	Place of Issue	Country	
Other Documentation					
Title	No.	Issue Date	Valid Date	Place of Issue	Country
INDOS NO.					
WATCHKEEPING					
VISA					
Seaman's Book Details					
Title	No.	Issue Date	Valid Date	Place of Issue	Country
INDIAN					
PANAMA					
LIBERIAN					

BAHAMAS					
MARSHALL					
OTHERS					

List of Competency

Title	Certificate No.	Issue Date	Valid Date	Capacity	Place of Issue Country
INDIAN					
UK					
SINGAPORE					
AUSTRALIAN					
PANAMIAN					
OTHERS					

COURSES AND CERTIFICATE (STCW -10) & OTHER MODULAR COURSES

No.	Title	Certificate No.	Issue Date	Valid Date	Place of Issue Country
1	Elementary First Aid - (For Ratings)				
2	Personal Survival Techniques - (For Ratings)				
3	PSSR (For All)				
4	Basic Fire Prevention & Fire Fighting - (For Ratings)				
5	PSCRB - (For All)				
6	STSDSD - (For Ratings)				
7	Watch Keeping C	Deck			
8		Engine			
9	COP	Deck			
10		Engine			
11	Tanker Course - Basic / Specialised	Petroleum(Oil)			
12		Chemical			
13		LPG			

14	DCE	Petroleum / Level			
15		Chemical / Level			
16		LPG / Level			
17	Ships Captain Medicare (For Masters)				
18	Medical First Aid - (For Officers)				
19	Advanced Fire Fighting - (For Officers)				
20	ROC (Operational Level Deck Officers)				
21	RANSCO (Management Level Deck Officers)				
22	Automatic RADAR Plotting AIDS - (For Deck Officers)				

7							
8							
9							
10							
11							
12							
13							

MEDICAL HISTORY

[a] Have you ever signed off from a ship due to Medical reasons,(If Yes give details) :

Name of the Vessel :	Date of Occurrence :
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Brief description of Illness / Injury / Accident :

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[b] Did you suffer or Are you Presently suffering from any disease likely to render you unfit for service at sea or likely to endanger the Health of others on board.

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[c] Are you addicted to alcohol or drugs of any kind?

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[d] Have You suffered from Following?

Malaria

Epilepsy

Nervous Disability

[e] Did You ever undergo psychiatric treatment?

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patitis of any kind

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I do hereby declare that all information is true & complete to best of my knowledge and my personal data may be processed for recruitment and placement services including the collection, storage, combination & communication of such data to third parties as required.

Date:-

Signature:-

For Office Use Only:

Application Reviewed & Authentication done By (Documents Verification & Back Ground Checks) Crew Officer	Date:	Comments:	Signature:
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Application Reviewed & Initial Screening By (Crew Manager)	Date:	Comments:	Signature:
Interview By Technical Manager/Fleet Manager Name & Sign	Date:	Comments:	Signature:
Final Approval By B D Name & Sign	Date:	Comments:	Signature: