

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			Citizen	ship					
Height Weight			Eye	Hair					
Marital Status			No. of c	depend	dant				
LANGUAGES KNOWN:			Expecte	ed Sal	ary				
					I				
		Acad	lemic Qualifica	ation [Details				
Qu	alification		Board		P	assing Ye	ar	Total Percentage	
SSC									
HSC									
Degree									
Pre Sea Tranning									
Professional Qualificatio	n								
			Passport De						
Doc	ument No.	ssue Date	Valid Date	e	Place of Issue			Country	
					1				
		Ċ	Other Docume		n				
Title	No.	Issue Da	ate Valid	Date	Place of Is	ssue		Country	
INDOS NO.					I				
WATCHKEEPING									
VISA									
		S	eaman's Bool						
Title	No.	Issue Dat	te Valid	Date	Place of Is	ssue		Country	
INDIAN		Τ							
PANAMA									
LIBERIAN									

B	AHAMAS									
М	ARSHALL									
	OTHERS									
					List o	f Competenc	/			
	Title		Certificate No.		Issue Date	Valid Date	Capac	ity	Place of Issue Cour	ntry
	INDIAN									
	UK									
SI	NGAPORE									
AL	STRALIAN									
P	ANAMIAN									
(OTHERS									
			COURSE	SAND	CERTIFICATE (S	TCW -10) & C	THER MODUL	AR COUR	SES	
No.		Ti	tle	Ce	rtificate No.	Issue Date	Valid Date		Place of Issue Country	у
1	Elementary First	Aid - (I	For Ratings)							<u>.</u>
2	Personal Surviva	al Tecni	ques - (For Ratings)							
3	PSSR (For All)									
4	Basic Fire Preve Ratings)	ntion &	Fire Fighting - (For							
	PSCRB - (For Al	I)								
6	STSDSD - (For F	Ratings)							
7		Deck								
8	Watch Keeping C	Engin	9							
9		Deck								
10	COP	Engin	e							
	Fanker Course -	Petrol	eum(Oil)							
	Basic / Specialised									
13		LPG								
								[
14			Petroleum / Level							
15	DCE		Chemical / Level							
16	-		LPG / Level							
17	Ships Captain	Medic	are (For Masters)							

17	Ships Captain Medica	are (For Masters)			
18	Medical First Aid - (Fe	or Officers)			
19	Advanced Fire Fightir	ng - (For Officers)			
20	ROC (Operational Le	vel Deck Officers)			
21	RANSCO (Managem	ent Level Deck Officers)			
	Automatic RADAR Pl Deck Officers)	otting AIDS - (F	or		

23	Liquid Cargo Handling Simulator	Level -Operational						
24	Simulator	Level - Management						
25	Ships Maneuvering	Simulator (for Masters)						
26	Crowd Management	Training (Paxvsl)						
27	Passenger Safety T	raining (Paxvsl)						
28	Crisis Management	(Paxvsl)						
29	Passenger Ship Far	niliarisation						
30		Management - (For Off)						
31	ISM & Risk Assessn							
32	ECDIS IMO Model:	3.26 - (For Deck Officers)						
33	BTM / BRM / ERM	- (For All Officers - 3 yrs)						
34	Engine Room Simulator	Level				1		
35	Security Awarene Designated Dutie	Level				1		
	1	ss Training for Seafarers with s - (For Ratings)						
36	Ship security Officer	- IMO Model: 3.19 - (For Officers)						
37		Development of the second s						
38		Country						
39	GMDSS	Endorsement						
40	Helmsman Training	Course - (For A/B)						
41	Yellow Fever Vaccin	ation						
42	Marine Environment	Awareness (For All)						
43	ISM - (For All Office	ers)						
	Accident Investigation	on & Loss Prevention - (For Deck &						
44	Engine Officers)					-		
45	Port State Control (F							
46	Vetting (SIRE) Inspe	ection (For All)						
47	Framo (For All)							
48	Enclosed Space Ent	ry (For All)						
49	Hygiene & Catering	Course (For Galley Staff)			1	1		
				Seagoing Experie	ence			
No.	Rank	Company	VSL Type	Vessel Name	DWT/ GRT	Eng BHP	Eng Type	Sign On - Sign C
1								
2	2					+		
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5						<u> </u>		
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11									
12									
13									
					ľ		•		
				MEDICA	L HISTOR	Y			
[a] Have	e you ever signed off	from a ship due to Medical reas	ons,(If Yes give o	letails) :					
	ame of the Vessel :			f Occurrence	:				
	Brief description of Illu	ness / Injury / Accident :							
		ness / injury / Accident .							
[b] D	id you suffer or Are y ne Health of others or	ou Presently suffering from any	disease likely to	render you	unfit for servi	ice at sea or I	ikely to e	ndanger	
								l	
[c] A	re you addicted to al	cohol or drugs of any kind?							
[d] H	ave You suffered from	m Following?			Nervous				
	Malaria		Epilepsy		Disabilit	y			
				[e]	Did You e	ver undergo p	osychiatri		
								<u> </u>	patitis of any kind
				treatment	?			-	
								-	
l do he	reby declare that	all information is true & con	nlete to hest c	f my know	ledge and	my person:	al data i	may he nr	
recruitn	nent and placeme	nt services including the co	llection, storage	e, combina	tion & com	nmunication	of such	data to th	
as requ	ured.							-	
Date:-						Signature	e:-		
For Off	fice Use Only:	wood & Authoritization dans Du		Deter		0			<u>Circa et un</u>
	Application Revie (Documents V	wed & Authentication done By erification & Back Ground Chec Crew Officer	ks)	Date:		Comments	52		Signature:

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: