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Application Form

Rank Applied For :		Availability Date :	
Surname :		Forename:	
Date of Birth :		Place of Birth :	Nationality

Permanent Address :		Present Address :	
Phone :		Phone :	
Email :		Mobile :	

Documents	Grade	Number	Date of Issue	Place of Issue	Expiry Date
Passport					
CDC (National)					
US Visa C1/D					
Certificate of Competency					
Yellow Fever					

Civil Status : Single / Married / Separated / Divorced /Widowed:	
Full Name of Next of Kin:	Relationship:
Address of Next of Kin:	
Phone :	

Height in cms:		Weight in Kgs:		BMI	
Boiler Suit Size :		Shoe Size :		INDOS NUMBER	

Family Data	Name	Date of Birth	Place of Birth	Passport No.	Place of Issue	Date of Issue	Date of Expiry
Wife							
Child M/F							
Child M/F							
Child M/F							
Child M/F							

Details of Courses & Certificates	Number	Date of Issue	Date of Expiry	Issued By
Advanced Fire Fighting / AFF				
Proficiency in Survival Craft & Rescue Boat / PSCRB				
Medical First Aid/Medicare				
Personal Safety & Social Responsibility (PSSR)				
Radar Observer / ARPA				
Radar Simulator / RANSCO				
GMDSS				
Hazmat Course				
Bridge Team Management				
Ship Handling Simulator				
Engine Room Simulator				
GMDSS ENDORSEMENT				
DCE PETROLEUM(Mgmt / Oper)				
DCE CHEMICAL(Mgmt / Oper)				
DCE GAS (Mgmt / Oper)				
TASCO				
CHEMCO				
LCHS				

	NAME OF INSTITUTE	From	To	PERCENT	Type of Degree
SCHOOL					
COLLEGE					
PRESEA					

Shore Employment

From	To	Rank / Nature Of Work	Employer Details

Last Two Employers' Name , PIC, and Contact No.

1			
2			

Computer Based PMS Experienced	
New Construction Experience	
Dry Docking Experience	

Medical History (Please give details if you have suffered from disease/Previously operated)

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1. Have you ever been denied a foreign Visa
 Yes No

If Yes, state which country and reason (if known)

2. Have you been the subject of a court of enquiry or involved in a Maritime Accident
 Yes No

If Yes please attach details

Declaration

I hereby affirm that all information provided by me in this application is true, factual and to the best of my knowledge and belief and I have not withheld any information I fully abide by company's rules and terms of employment

Date : _____

Signature: _____

Previous Sea Service (Data Commencing from Last Vessel)

Sl. No	Name of Owners / Manager	Name of Vessel	Year Built	Type	GRT	TEU	Engine Type	BHP	UMS Y/N	Rank	From	To	Months	Reason for S/Off
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														