

📍 408 Satra Plaza, Tower Wing, 4th Level, Plot No. 19 & 20, Sector – 19D, Vashi, Navi Mumbai, Maharashtra – 400703
 ☎ +91 9999130696 ✉ info@vmsshopping.in 🌐 www.vmsshopping.in

Rank Applied For:		Date of Availability:	
Agency Applied Through	VARREN MARINES SHIPPING PRIVATE LIMITED	Docs with agency:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Affix your recent passport size attested photo clicked with skyblue background

PERSONAL DESCRIPTION AND INFORMATION

NAME (As per Passport)					
First		Middle		Last	
Birth Date		Place & Country		Nationality	

Passport No.		Place of Issue		Date of Issue		Date of Expiry	
Visa Type		Place of Issue		Date of Issue		Date of Expiry	
U.S. Visa Type		Place of Issue		Date of Issue		Date of Expiry	

Permanent Address & Contact Details:							
STD Code		Res		Mobile:		Email:	

Correspondence Address & Contact Details:							
STD Code		Res		Mobile:		Email:	

Marital Status		No. of Children		Nearest Airport	
----------------	--	-----------------	--	-----------------	--

Next of Kin [Name, Address & Contact:		Name		Relationship			
STD Code		Res		Mobile:		Email:	

Name of Wife & Children	Relation	Place of Birth	Passport No.	Date of Issue	Date of Expiry	Place of issue	ECNR

Certificate of Competency	Number	Date of Issue	Date of Expiry	Place / Country of Issue
Revalidation Details				

EDUCATIONAL BACKGROUND INCLUDING PRE-SEA TRAINING

Name of School/College Attended/ Institute (Pre-Sea Training)	City / Country	From	To	Qualification Achieved

REFERENCES:

	Company Name	Address		
A				
B				
	Person Incharge	Title	Tel. No.	
A				
B				

1) Are you involved in any marine accident / Investigations? Yes No (if YES please give details)

2) Are you currently under medical treatment or taking medication for existing conditions?
 Yes No (if YES please give details)

3) Did you suffer or do you presently suffer from any diseases likely to render you unfit for sea service or likely to endanger the health of other persons onboard? Yes No (if YES please give details)

4) Did you undergo Psychiatric treatment? Yes No (if YES please give details as when you had undergone)

5) Are you addicted to Alcohol or Drugs of any kind? Yes No (if YES please give details)

BANK DETAILS:

Name of Bank:		Full Bank Address:	
Name of A/c Holder:		Branch Code:	
Account No.:		Swift Code:	

I hereby certify and confirm that the information's contained above is true and factual, relevant documents wherever applicable will be shown on request.

Date

Signature of Applicant

FOR OFFICE USE ONLY

VERIFICATION OF DOCUMENTS

Original COC / Passport / CDC	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature of Office Staff	
STCW Courses and Training Certificates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature of Office Staff	

Signature of Manager [F.P.]

Date