



<b>For Office Use Only</b>
Rank :
E. Code :

**JUBILANT ENPRO PRIVATE LIMITED**

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 Hiranandani Business Park, Powai, Mumbai – 400 076 INDIA  
 Tel : 91 (22) 4056 3000  
 Fax : 91 (22) 4056 3234  
 E-mail : manning@jepl.com

**Affix latest Passport  
 size Photograph here  
 and submit six  
 identical Photographs**

**APPLICATION**

**Please type or write neatly in block letters**

Rank Applied	Date Available
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Personal Details			
<b>Name :</b>			
_____	_____	_____	
(Family Name)	(First Name)	(Middle Name)	
<b>Father's Name :</b>			
_____	_____	_____	
(Family Name)	(First Name)	(Middle Name)	
<b>Date of Birth</b>		<b>Place of Birth</b>	
<b>Permanent Address</b>		<b>Mailing Address</b>	
<b>Nearest Air Port :</b>		<b>Nearest Air Port :</b>	
Landline Tel. No. <i>(With STD Code)</i>		Landline Tel. No. <i>(With STD Code)</i>	
Mobile Tel. No.		E-mail Address	
<b>Next of Kin (NoK)</b>		<b>Emergency Contact (If other than NoK)</b>	
Name		Name	
Relation		Relation	
<b>Address</b>		<b>Address</b>	
Landline Tel. No. <i>(With STD Code)</i>		Landline Tel. No. <i>(With STD Code)</i>	
Mobile Tel. No.		Mobile Tel. No.	

Medical History			
Identifying Mark		Blood Group	
Height (In cms)		Weight (In kgs)	
Boiler Suit Size		Safety Shoe Size	
<b>Yellow Fever</b>		<b>Innoculation</b>	
D.O. Issue :	D.O.Expiry :	D.O. Issue :	D.O.Expiry :

Lost time in illness, if any in last two years (Please give below a brief history).

Qualification Details				
Level	Examination	Institute	Year Passed	%
School / Jr. College				
College				
Pre-sea				
Workshop / Other				
Workshop / Other				

Details of Travel Documents			
Passport		Seaman's Book (Indian)	
Number		Number	
Date of Issue		Date of Issue	
Place of Issue		Place of Issue	
Date of Expiry		Date of Expiry	
ECNR Status	Yes / No		

Details of Certificate of Competency / Service / Watch keeping			
Cert. Name		Cert. Number	
Place of Issue		Issued by	
Date of Issue		Date of Expiry	
If holding Foreign Certificate of Competency, please give below details of Indian Cert. of Equivalent Competency			
Cert. Name		Cert. Number	
Place of Issue		Issued by	
Date of Issue		Date of Expiry	

Details of STCW Certificates / Courses (As Applicable)				
Certificate / Course	Institute	Number	Issue Date	Issue Place
Indian National Data base of Seafarers (INDOS)				
Personal Safety & Social Responsibility (PSSR)				
Proficiency in Survival Craft & Rescue Boat (PSCRB)				
Personal Survival Techniques (PST)				
Advanced Fire Fighting (AFF)				
Fire Prevention & Fire Fighting (FPFF)				
Medical Care				
Medical First Aid (MFA)				
Elementary First Aid (EFA)				
GMDSS (GOC)				
GMDSS (GOC) STCW Endorsement				
Automatic Radar Plotting Aids (ARPA)				
Radar Observer's Certificate (ROC)				
Radar Simulator Course (RSC)				
Radar, ARPA & Navigation Simulator (RANSCO)				
Ship Security Officer (SSO)				
Helicopter Underwater Escape Training (HUET)				
DP Basic Induction Course				

DP Advanced Simulator Course				
DP Unlimited / Limited Certificate				

### Details of Previous Experience

In unbroken chronological order from last employment & ending with first employment (consider each promotion as new job).

No	Company	Vessel Particulars				Rank	Period		Total Sea time		
		Name	Type	GRT / NRT	Engine Make / Type / BHP		From	To	YY	MM	DD
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
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21											
22											
23											
24											
25											

### Details of Previous Experience – Shore Based

In unbroken chronological order from last employment & ending with first employment (consider each promotion as new job)

No.	Company	Rank/Designation	Period	
			From	To
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

General Details						
Have you ever been employed by us? If yes, please give details.			Do you have any contract bond with your present employer? If yes, please give details.			
Were you ever interviewed by us? If yes, please give details.			Do you have any objection(s) if a reference is made to your present / past employer(s)?			
<b>Wages expected (per Day)</b>			<b>I. Tax PAN</b>			
<b>Knowledge of Languages</b> (Write - G : Good, F : Fair, P : Poor, N : Not at all)			<b>Names of Relatives / Acquaintances in our employ</b>			
Language	Speak	Read	Write	Details	Person 1	Person 2
English				Name		
				Position		
				Relationship		

I declare that the information given above is true to the best of my knowledge. I am aware that any false or incorrect information furnished by me may result in disciplinary action being taken against me.

\_\_\_\_\_

Date

\_\_\_\_\_

Place

\_\_\_\_\_

Signature

For Company's Use Only	
Remarks	
Rank proposed	
Candidate Proposed by	
For Owner's Use Only	
Remarks	
Rank approved	
Day Rate	
Candidate Approved by	