**SAILOR BANGLADESH LTD**

 Suit No:1A(1ST Floor), House No-43/17, Atish Diponkar Road, Sabuj Kanon

Basabo Dhaka-1000, Bangladesh, Tel: +880-2-7271031, 7271034

Fax: +880-2-7271034,E-mail:manning@sailorbd.net

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| **APPLICATION FORM (Engine Dept)** |

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| **1** |  | **Position REGISTRATION NO** | |
|  | | | |
|  |  | Position applied for: |  |
|  |  | Are you willing to accept any other positions? |  |
|  |  | If YES, which positions would you consider? |  |
|  |  | Readiness From |  |

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| **2** |  | **Personal details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | Last Name: | | |  | | | | | | | | | | First Name: | | | | |  | | | | | | Middle Name: | |  | | | | | | |
|  |  | Date of birth | | | | |  | | | | | | Place of birth | | | | | |  | | | | | | | | | | Nationality | | | | BANGLADESHI | |
|  |  | Height |  | | | | | Weight | | | |  | | | | | ID Mark | | | |  | | | | | | | | | | | Blood Group | |  |
|  |  | Chest |  | | | | | | | | Waist | | |  | | | | | | | | Boiler Suite | |  | | | Safety Shoe | | | |  | | Cap |  |
|  |  | National ID | | | |  | | | | | | | | | | SKYPE ID: | | | | |  | | | | | | Company ID | | |  | | | | |
|  |  | Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Post code: | | | |  | | | | 🖁Hand Phone No. | | | | | | | |  | | | | | | | | | | | | | | | | |
|  |  | 🕿Telephone No. | | | | | | |  | | | | | | | | | | | | | | E-Mail ID: | |  | | | | | | | | | |

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| **3** |  | **Education Background** | | | | |
|  |  |  | Name of Institute | From Year | To Year | Highest Qualification Attained |
|  |  | School | Bhatgram High School |  |  |  |
|  |  | College | Gaibandha College |  |  |  |
|  |  | Pre Sea Training | Marine Fisheries Academy |  |  |  |
|  |  | Other Qualifications |  |  |  |  |

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| **4** |  | **Identity documents** | | | | | | | | |
|  | | | | | | | | | | |
|  |  | **DOCUMENT** | | **COUNTRY** | | **NUMBER** | **ISSUE DATE** | | **PLACE OF ISSUE** | **EXPIRY DATE** |
|  |  | Passport: | | Bangladesh | |  |  | |  |  |
|  |  | Seaman’s book: | | National | |  |  | |  |  |
|  |  |  | | Bahamian | |  |  | |  |  |
|  |  |  | | Liberian | |  |  | |  |  |
|  |  |  | | Panamanian | |  |  | |  |  |
|  |  |  | | Other -Norway | |  |  | |  |  |
|  |  | Seaman ID Card | | YES / NO | |  | |  |  |  |
|  |  | Visa – US ‘C1/D’ | | YES / NO | |  | |  |  |  |
|  |  | Other Visa | YES/ NO |  | |  | |  |  |  |
|  |  | Yellow Fever Vaccination | | | YES / NO |  | |  |  |  |
|  |  | Holding Australian MCV | | | YES / NO |  | |  |  |  |

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| **5** |  | **Family details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | **Next Of Kin**/**Nominee** | | | | | | | Marital Status **:** | | |  | | | | | Relationship **:** | | | | |  | | | | | Marriage Date **:** | | |  | |
|  |  | Last Name: | | | | |  | | | | | | | | First Name | | | | |  | | | | | | | | | | | |
|  |  | Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | |  | | | | | | | | | | | | | | | | | | Post code: | | | |  | | |
|  |  | 🖁 Hand Phone No. | | | | | |  | | | | | | | | | | | 🕿Telephone No. | | | | | |  | | | | | | |
|  |  | Relation | | **Name** | | | | | | | **P.O.B.** | | | **D.O.B.** | | | | | **PPT NO.** | | | | **D.O.I.** | | | | | **P.O.I.** | | | **D.O.E.** |
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|  |  | **Note: Second Next Of Kin** / **Nominee (In case of voyage with family)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Relation | | | |  | | | | Name | | |  | | | | | | | | | | | | | | | | | | |
|  |  | Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Post Code | | | |  | | | | Mother’s Name : | | | | | |  | | | | | | | | | | | | | | | |
|  |  | 🖁 Hand Phone No. | | | | | |  | | | | | | | | | | 🕿Telephone No. | | | | | |  | | | | | | | |

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| **6** |  | **National Certificate of Competency (Highest certificate of** *competency held)* | | | | | | | |
|  | | |  | | |  | |
|  |  | Class/Grade | | Issuing Country | Certificate No. | | Date Issued | Place Issued | Valid Until |
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| **6a** |  | **National Dangerous Cargo Endorsements** | | | | | |
|  |  |  | | | | | |
|  |  |  | Endorsement Type | Certificate No. | Date Issued | Place Issued | Valid Until |
|  |  | Petroleum | Petroleum |  |  |  |  |
|  |  | Liquefied Gas |  |  |  |  |  |
|  |  | Chemicals | Chemical |  |  |  |  |

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| **7** |  | **Flag State Equivalent Certificates Of Competency issued by other countries** *(Issued by countries other than in Section 6)* | | | | | | | | |
|  | | | |  | | |  | | |
|  |  | Class | Issuing Country | | Certificate No. | Date Issued | | Place Issued | Valid Until | | |
|  |  |  | Liberia | |  |  | |  |  | | |
|  |  |  | Panama | |  |  | |  |  | | |
|  |  |  | Bahamas | |  |  | |  |  | | |
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| **7a** |  | **Flag State Equivalent Dangerous Cargo Endorsements** *(Issued by countries other than in Section 6a)* | | | | | |
|  |  |  | | | | | |
|  |  | Country | Endorse Type/ Level | Certificate No. | Date Issued | Place Issued | Valid Until |
|  |  | Liberia |  |  |  |  |  |
|  |  | Marshall Islands | Management |  |  |  |  |
|  |  | Panama | Adv. Oil & Chemical |  |  |  |  |
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| **8** |  | **Certificates ( STCW and Value added)** | | | | | |
|  |  |  |  |  |  |  |  |
|  |  | Course | Institution | Place | Issue Date | Cert. No. | Expiry Date |
|  |  | Basic Safety / Personal Survival |  |  |  |  |  |
|  |  | Basic / Advance Fire Fighting |  |  |  |  |  |
|  |  | Elementary / Medical First Aid |  |  |  |  |  |
|  |  | Proficiency In Survival Craft – PSCRB |  |  |  |  |  |
|  |  | Human Relations – PSSR |  |  |  |  |  |
|  |  | Ship Security Officer |  |  |  |  |  |
|  |  | Tanker Familiarization (Oil,Chem,Gas) |  |  |  |  |  |
|  |  | Adv. Oil Tanker Course |  |  |  |  |  |
|  |  | Adv. Chemical Tanker Course |  |  |  |  |  |
|  |  | Adv. LPG Tanker Course |  |  |  |  |  |
|  |  | Bridge & Eng. Room Resource Mgmt |  |  |  |  |  |
|  |  | Shipboard Safety Officer |  |  |  |  |  |
|  |  | Marine Environment Protection |  |  |  |  |  |
|  |  | ISPS Code Familiarization |  |  |  |  |  |
|  |  | Security Awarness Training |  |  |  |  |  |
|  |  | DSD |  |  |  |  |  |
|  |  | High Voltage Installation |  |  |  |  |  |
|  |  | Engine Room Resource Management |  |  |  |  |  |
|  |  | **OTHER RELEVANT COURSES** |  |  |  |  |  |
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| **9**  **9** |  | **Record of previous service** |
|  |  | **(Please give a full record starting with the last vessel on which you served)** |

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| **VESSEL NAME** | **COMPANY** | VESSEL  **TYPE** | **FLAG** | **G.R.T.** | **D.W.T.** | **YEAR OF BUILT** | **MAIN ENGINE** | | **B.H.P.** | **RANK** | **SIGN ON DATE**  **DD/MM/YYYY** | **SIGN OFF DATE**  **DD/MM/YYYY** | **DURATION** YY-MM-DD |
| **Maker & Type** | **Auxiliary Engines** |
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| **10** |  | **For Engineers (Please provide Makers, Model & Capacity details)** | |
|  |  |  | |
|  |  | Boilers |  |
|  |
|  |  | Generators |  |
|  |
|  |  | Cranes / Grabs |  |
|  |
|  |  | Purifiers |  |
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| **11** |  | **Sailing Experience: (Please advise PRESENT RANK EXPERIENCE on each type of vessel)** | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | |
|  |  | CONT/RFG (MM-DD) | G. CARGO (MM-DD) | BC/OBO/RR (MM-DD) | | PCC/PCTC (MM-DD) | OIL/VLCC (MM-DD) | CHEMICAL (MM-DD) | | PRODUCT (MM-DD) | LPG/LNG (MM-DD) | | OTHERS (MM-DD) | TOTAL RANK EXPERIENCE |
|  |  |
|  |  |  |  |  | |  |  |  | |  |  | |  |  |
|  |  |
|  |  | LAST SALARY DRAWN | | |  | | | | EXPECTED SALARY | | |  | | |

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| **12** |  | **References** *(Please give the name and address of your current or immediate past employer)* | | |
|  |  |  | | |
|  |  | Name of company |  |  |
|  |  | Name of person to contact |  |  |
|  |  | Address |  |  |
|  |  |  |  |  |
|  |  | 🕿 No. / Facsimile |  |  |
|  |  | E-Mail / Web |  |  |

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| **13** |  | **Miscellaneous**  ( *Please give the details of your FC account )* | | | | | | |
|  |  |  |  | | |  | | |
|  |  | Bank Name |  | | Branch : | |  | |
|  |  | Account Name |  | | | | | |
|  |  | Bank Address |  | | | | | |
|  |  |  |  | | | | | |
|  |  | Account No. |  | Swift / BIC Code | | | |  |

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| **14** |  | **Medical history** | | |
|  |  |  | | |
|  |  | Have you ever signed off a ship due to medical reasons? | Yes/No | NO |
|  |  | Have you undergone any operation in the past? | Yes/No | NO |
|  |  | Have you consulted a doctor during the last 12 months for an illness/accident? | Yes/No | NO |
|  |  | Do you have any health or disability problems now? | Yes/No | NO |

(If the answer is YES to any of the above, please give full details and attach a separate page if necessary)

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| **15** |  | **Declaration** |
|  |  |  |
|  |  | I hereby declare that the above particulars are true and authorize you to contact the referees listed above. |

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|  |  |  |
| Name/Signature | Date |