**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** |
|  |  |  |
|  |  | 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**  |
|  |  |  |  |  |  |
|  |  | **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)* |
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|  |  | 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 |