

**TRAINING SHIP RAHAMAN**

REV. NO. 06  
REV: DATE:07/2005

STCW : PST / PSC & RB / PEFA / PMFA TFAM  
PSSR /AFF /FPFF / MCC

TSR:ALL:APPL:01  
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**APPLICATION FORM**



**APPLICATION FORM FOR STCW COURSES :** COURSE: \_\_\_\_\_

DURATION FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME OF APPLICANT (BLOCK LETTERS) \_\_\_\_\_

SURNAME FIRST MIDDLE

NATIONALITY, DATE & PLACE OF BIRTH \_\_\_\_\_

C. D. C. NO. \_\_\_\_\_ PASSPORT NO. \_\_\_\_\_

INDIAN NATIONAL DATABASE (INDos No.) \_\_\_\_\_

GRADE / CERT. OF COMPETENCY No. \_\_\_\_\_

RANK / CATEGORY OF CANDIDATE \_\_\_\_\_

SHIPPING COMPANY \_\_\_\_\_

**DECLARATION :**

I HEREBY INDEMNIFY THE SMYSW FOUNDATION, ITS CAPTAIN SUPERINTENDENT AND ITS OFFICERS FROM ANY CLAIM WHATSOEVER ARISING FROM PERSONAL INJURY, DEATH, SICKNESS OR ANY OTHER HARM SUFFERED BY ME AS A RESULT OF MY UNDERGOING THE SAID COURSE. I CONSENT TO ANY EMERGENCY MEDICAL TREATMENT WHICH MIGHT BE NECESSARY, AND TO PAY ALL CHARGES CONNECTED THEREWITH TO THE FOUNDATION AND IN THE EVENT OF MY SUSTAINING ANY INJURY OR ILLNESS DURING THE PERIOD OF MY TRAINING AT 'T.S. RAHAMAN' WHICH MAY WARRANT HOSPITALISATION, I OR MY NEXT OF KIN / RELATIVE WHOSE NAME AND ADDRESS IS MENTIONED BELOW SHALL BEAR IN FULL, ALL THE EXPENSES INCURRED FOR MY HOSPITALISATION BEFORE MY DISCHARGE FROM THE HOSPITAL, AND ABSOLVE SIR MOHAMED YUSUF SEAMEN WELFARE FOUNDATION FROM ANY FINANCIAL OR OTHER RESPONSIBILITY, WHATSOEVER FOR THE SAID TREATMENT.

NAME, ADDRESS & TELEPHONE NO. NEXT OF KIN / RELATIVE :

\_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_

**THE FOLLOWING DOCUMENTS ARE HERE WITH ATTACHED :**

1. ORIGINAL AND ZEROX COPY OF CDC, PASSPORT, CERT. OF COMPETENCY AND RELEVANT BASIC STCW COURSE CERT .
2. ORIGINAL RECEIPT TOWARDS COURSE FEES PAID.
3. CERTIFICATE OF FITNESS FROM A REGISTERED MEDICAL PRACTITIONER.
4. ORIGINAL AND XEROX COPY OF PEFA/PST/FPFF AS REQUIRED.
5. 2 PASSPORT SIZE PHOTOGRAPHS.

SIGNATURE OF CANDIDATE : \_\_\_\_\_ DATE : \_\_\_\_\_

**TRAINING SHIP RAHAMAN**  
**SIR MOHAMED YUSUF SEAMEN WELFARE FOUNDATION**  
Jahaz Mahal Annexe, 170-K, Samander Pt. Est., Worli, Mumbai 400 018

**COURSE ADMISSION PASS**

NO. \_\_\_\_\_ DATE : \_\_\_\_\_

NAME : \_\_\_\_\_  
SURNAME FIRST MIDDLE

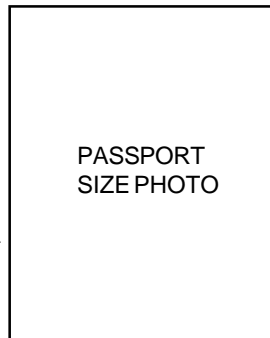
DATE OF BIRTH : \_\_\_\_\_ COURSE : \_\_\_\_\_

COURSE COMMENCEMENT DATE : \_\_\_\_\_ CDC NO. \_\_\_\_\_ PP NO. \_\_\_\_\_

SIGNATURE OF CANDIDATE : \_\_\_\_\_

FEES RECEIVED : YES/NO RECEIPT NO. \_\_\_\_\_ DATED \_\_\_\_\_

SIGNATURE OF BOOKING CLERK \_\_\_\_\_



<p align="center"><b><u>CHECK LIST : TSR : PEFA / PST / PSSR / FPF</u></b> <b><u>CONDITIONS FOR ADMISSION</u></b></p> <ol style="list-style-type: none"> <li>All seafarers or prospective seafarers are eligible.</li> <li>Identification Documents</li> <li>Certificate of fitness from a Registered Medical Practitioner (Certificate should not be more than one month old on date of commencement of PST course)</li> <li>2 Nos. Passport size photographs</li> </ol> <p>Checked by : _____</p> <p>Verified by : _____</p>	<p align="center"><b><u>CHECK LIST FOR TSR : PMFA</u></b> <b><u>CONDITIONS FOR ADMISSION</u></b></p> <ol style="list-style-type: none"> <li>CDC/Passport</li> <li>Must have at least 6 months Sea Service.</li> <li>Xerox copy of PEFA cert. or equivalent.</li> <li>2 Nos. Passport size photographs.</li> </ol> <p>Checked by : _____</p> <p>Verified by : _____</p>
<p align="center"><b><u>CHECK LIST FOR TSR : PSC &amp; RB</u></b> <b><u>CONDITIONS FOR ADMISSION</u></b></p> <ol style="list-style-type: none"> <li>CDC / Passport</li> <li>Must have sea service atleast 6 months .</li> <li>Xerox copy of PST cert. or equivalent.</li> <li>Certificate of fitness from a Registered Medical Practitioner (Certificate not more than one month old on the date commencement of the course).</li> <li>2 Nos. Passport photographs.</li> </ol> <p>Checked by : _____</p> <p>Verified by : _____</p>	<p align="center"><b><u>CHECK LIST FOR TSR : TFAM</u></b> <b><u>CONDITIONS FOR ADMISSION</u></b></p> <ol style="list-style-type: none"> <li>All seafarers or prospective seafarers are eligible.</li> <li>Identification Documents</li> <li>Xerox copies of FPF and PEFA. Cert. or equivalent.</li> <li>2 Nos. passport size photographs.</li> </ol> <p>Checked by : _____</p> <p>Verified by : _____</p>
<p align="center"><b><u>CHECK LIST FOR TSR : AFF</u></b> <b><u>CONDITIONS FOR ADMISSION</u></b></p> <ol style="list-style-type: none"> <li>Certificate of Competency <b>OR</b> proof of 6 months of sea service</li> <li>CDC/Passport</li> <li>Xerox copy of FPF cert. or equivalent.</li> <li>Medical fitness certificate from Registered Medical Practitioner (certificate should not to be more than one month old on the date of commencement of course).</li> <li>2 Nos. Passport photographs.</li> </ol> <p>Checked by : _____</p> <p>Verified by : _____</p>	<p align="center"><b><u>CHECK LIST FOR TSR : MCC</u></b> <b><u>CONDITIONS FOR ADMISSION</u></b></p> <ol style="list-style-type: none"> <li>CDC / Passport</li> <li>COC / Grade</li> <li>Xerox copy of PMFA Certificate</li> <li>3 Passport size photographs</li> </ol> <p>Checked by : _____</p> <p>Verified by : _____</p>

<p align="center"><b>ABBREVIATIONS</b></p>	
<p><b>AFF</b></p> <p><b>FPFF</b></p> <p><b>CDC</b></p> <p><b>DGS</b></p> <p><b>PSC &amp; RB</b></p> <p><b>PEFA</b></p> <p><b>PST</b></p> <p><b>PSSR</b></p> <p><b>PMFA</b></p> <p><b>TFAM</b></p> <p><b>MCC</b></p> <p><b>TSR</b></p>	<p>Advanced Fire Fighting</p> <p>Fire Prevention and Fire Fighting</p> <p>Continuous Discharge Certificate</p> <p>Director General of Shipping</p> <p>Proficiency in Survival Crafts &amp; Rescue Boats</p> <p>Proficiency in Elementary First Aid</p> <p>Personal Survival Techniques</p> <p>Personal Safety &amp; Social Responsibility</p> <p>Proficiency in Medical First Aid</p> <p>Tanker Familiarisation</p> <p>Medical Care Course</p> <p>Training Ship "Rahaman"</p>