



Navicom Marine Services Private Limited

House No. 3/104, 1st Floor, Office No. 02, Mohalla- Rampur Batabur, Kasba and Pargana
Ramnagar, Tehsil Sadar, Ramnagar, Varanasi, Uttar Pradesh, 221008
Tel No.: 8454015557 / 7710040302,
E-mail: info@navicomshipping.in / navicommarineservices@gmail.com
RPSL NO. : RPSL-MUM-162322, DOI:18.03.2025, DOE:18.03.2030

Form / Format	Document No: NMS/ FM/ 01
Title: Seafarer Application Form	Issue: 1, Rev: 0 Date :01.02.2025
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Seafarer Application Form

Photo

DATE OF APPLICATION _____ APPLICATION NO. _____
POSITION APPLIED FOR: _____ AVAILABILITY DATE: _____
HOW DO YOU KNOW ABOUT THE COMPANY: _____

PERSONAL DETAILS:

Name as in Passport	(Surname)	(First name)	(Middle name)
Date/Place of birth		Nationality :	
Home address		Tel no.:	
		Mobile no.:	
		Email id:	
Mumbai address if any		Mobile no.:	

EDUCATION BACKGROUND:

Qualification	School / College	From	To	Percentage / Grade

TECHNICAL BACKGROUND :

Degree / Diploma	Institute / College	From	To	Percentage / Grade
Pre sea training / Apprentice ship				

IDENTITY DOCUMENTS :

Document	Country	Number	Issue date	Expiry date	Place of issue
Passport	Indian				
Seaman book	Indian				
	Other				
Do you hold a US Visa 'C1/D' ?	Yes / No		Issue date:	Expiry date:	
Do you hold Schengen Visa	Yes / No		Issue date:	Expiry date:	
Indos. No. (for Indians only):			Yellow fever:	Expiry date:	
SID No.				Expiry date:	

FAMILY DETAILS (IF UNMARRIED KINDLY GIVE DETAILS OF FATHER / MOTHER) :

S.N.	Name	Relation	D.O.B	Occupation



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CERTIFICATES (HIGHEST CERTIFICATE OF COMPETENCY HELD) :

Grade / Class of COC	Issuing country	Date of passing exam	Certificate no.	Issue date	Placed issued	Expiry date

DETAILS OF COURSES & CERTIFICATES FOR OFFICERS:

Courses	Certificate no.	Issued by	Issue Date	Expiry Date
Advanced Fire Fighting (AFF)				
Medical First Aid (MFA) / Medicare				
Proficiency in Survival Craft & Rescue Boat				
Personal Safety & Social Responsibility				
SSO (Ship Security Officers Course)				
ECDIS				
BTM (Renewed every 5 years)				
ARPA (Automatic Radar Plotting Aid)				
GMDSS				
Radar Observer / RANSCO Simulator				
GMDSS Endorsement				
Oil Tanker Familiarization (OTFC) / TASCO				
DCE Oil – Support / Operation / Management				
Chemical Tanker Familiarization (CTFC) / CHEMCO				
DCE Chemical – Support / Operation / Management				
Specialized Training Programme On Oil Tanker Operations (STPOTO)				
Framo Course				
Revalidation Course for Deck / Engine Officers				
Refresher & Up Gradation Course for Deck / Engine Officers				

DETAILS OF COURSES & CERTIFICATES FOR RATINGS:

Courses	Certificate no.	Issued by	Issue Date	Expiry Date
Fire Prevention & Fire Fighting (FPFF)				
Elementary First Aid (EFA)				
Personal Survival Technique (PST)				
Personal Survival & Social Responsibility (PSSR)				
STSDSDS Course				
Oil Tanker Familiarization (OTFC)				
DCE Oil – Support				
Chemical Tanker Familiarization (CTFC)				
DCE Chemical – Support				
COP - (Deck/Engine)				
Watch Keeping Certificate Ratings (Deck/Engine)				
Pump Man Course				
Cookery Course				
MMD Cookery Certificate				
Fitter Course / Class Cert.				



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ISPS Course				
Ship Safety Officers Course / Risk Assessment				
Ship Maneuvring Simulator				
BRM / MRM / BERM (Renewed every 5 years)				
Electrical/Electronics for Marine Engineers – Basic / Advance				

FOR ENGINEERS (PLEASE PROVIDE DETAILS) :

Generators	Boilers	Cranes	Framo (No. of vessels)

TOTAL SAILING EXPERIENCE

Tankers	Containers	General Cargo	Supply	Others

MEDICAL HISTORY (IF THE ANSWER IS YES TO ANY OF THE BELOW, PLEASE GIVE FULL DETAILS AND ATTACH A SEPARATE PAGE IF NECESSARY):

Have you ever signed off a ship due to medical reasons ?	Yes / No	
Have you undergone any Surgery / Accident	Yes / No	
Do you have any health disability problems now ?	Yes / No	

BOILER SUIT SIZE: _____

SAFETY SHOE SIZE : _____

DECLARATION:

I hereby affirm that all the information provided by me in this application is true and correct .

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY: Last Employer Verification Details & Application Approval Details :

Checked on _____ with Mr./Ms./Mrs. _____

Representative of _____ (Last Employer), a

received a satisfactory /unsatisfactory report regarding his professional experience and attitude.

Interview carried out on _____ by _____

found satisfactory / unsatisfactory.

Proposed and reviewed by Crew Manager: _____

CV Approved by Company Superintendent (Deck / Engine): _____

Final Approval : Director _____



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RPSL NO. : RPSL-MUM-162322, DOI:18.03.2025, DOE:18.03.2030

Form / Format	Document No: NMS /FM/ 03
Title: MARPOL Compliance	Issue: 1, Rev: 0, Date :01.02.2025
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Dear Sir,

It is hereby agreed between the **Contracting Seafarer** and the *Owners of the Vessel* through its agent NMS

1. Full and strict compliance with the MARPOL Regulations and Company Policies.
2. On the proper disposal of all oily wastes, including bilge slops and sludge, by the proper use of the equipment on board the vessel or by sending them ashore to approved facilities equipped to deal with them properly and
3. The full and correct completion of all records, including those relevant to MARPOL and the NMS, such as the Oil Record Book and the sounding book.

Non-Compliance With The Above Instructions May Make The Company Liable For Illegal Breaches Of MARPOL And You Will Be At Risk Of Going Through Penal Procedures Which Could Result In Your Imprisonment.

Therefore it is very important that you follow the above instructions and correctly and closely follow the MARPOL rules and the company's policies and procedures, both for the company's protection and for your own employment and protection. If you become aware of any problem that may lead to or allow a violation of MARPOL or these company requirements you are instructed to immediately inform the Captain or the Chief Engineer.

If you do not feel comfortable reporting your concerns to the Captain or to the Chief Engineer, you are strongly urged to call Owner / Our Office in confidence using the telephone number displayed on board the vessel to inform the Designated Person or the Deputy Designated Person so that we can intervene and correct the situation.

We ask you to personally acknowledge that you have read, understand and will follow this instruction by signing below.

On & Behalf Of

NAVICOM MARINE SHIPPING PRIVATE LIMITED

As Manning Agents only

I Confirm that I have read, understood and will follow this instruction throughout the period of my employment:

Signed:

Seafarer name:

Rank:

Vessel:

Date:



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RPSL NO. : RPSL-MUM-162322, DOI:18.03.2025, DOE:18.03.2030

Form / Format	Document No: NMS/ FM/ 04
Title: Drug & Alcohol Policy Confirmation	Issue: 1, Rev: 0, Date :01.02.2025
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It is hereby agreed between the **Contracting Seafarer** and the *Owners of the Vessel* through its agent NMS

1. Seafarer manifests that he has not been convicted of any drug offenses, that he has not been a user of prohibited drugs nor does he intend to use such drugs for the duration of his employment onboard any vessel of the principal.
2. Seafarer agrees that possession, use of, and/or trafficking of drugs will be considered as breach of contract and will result in his immediate termination. All expenses towards his repatriation and that of his reliever will be borne by him.
3. Seafarer understands that any involvement with drugs is punishable by law of several Countries / States where the vessel is expected to visit which may range from fines to harsh jail terms to death penalty. The Company, Principals & Owners of the vessel will fully support any law enforcement agency of any State / Govt. in any investigation undertaken by them.
4. Seafarer hereby voluntarily allows Owners / Master to conduct an alcohol or drug test without any warning onboard or / at any place. Seafarer's refusal to undergo such test would result in dismissal from services.

We ask you to personally acknowledge that you have read, understand and will follow this instruction by signing below.

On & Behalf Of

NAVICOM MARINE SHIPPING PRIVATE LIMITED

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Signed:

Seafarer name:

Rank:

Vessel:

Date:



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Form / Format	Document No: NMS/ FM/ 05
Title: Criminal/ Civil Convictions Declaration	Issue: 1, Rev: 0, Date :01.02.2025
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Please answer the following questions. If you answer 'yes' to any of these questions please provide details below.

Full Name

Date of Birth

Place of Birth

Passport No

S.NO	DECLARATION	REMARKS
01	Do you have any criminal convictions including driving offences?	YES / NO
02	Are there any criminal or disciplinary charges pending against you?	YES / NO
03	Have you ever had any civil proceedings taken against you by Creditors	YES / NO
04	Have you ever been arrested?	YES / NO
05	Have you ever appeared in court?	YES / NO

Signature of Seafarer

Date: _____



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Form / Format	Document No: NMS/ FM/ 06
Title: Next of Kin Declaration	Issue: 1, Rev: 0, Date :01.02.2025
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In the event of my death during my tenure on the above-mentioned vessel, the compensation payable if any should be paid to the following persons as per the percentages indicated below. Balance of Wages and Personal Effects should be given to my Next of Kin whose name is appeared at Serial Number 1.

Serial No.	Name	Address	Telephone / Email	Relationship	Percentage

Information Regarding Spouse and Children:

	Name	Relation	Date of Birth
Spouse			
Child (M / F)			
Child (M / F)			
Child (M / F)			
Child (M / F)			

Nominee Bank Account Details:

Nominee Name	
Bank Account No.	
Bank Name	
Branch Name & Code	
IFSC Code / Swift Code	
Bank Address	

Witness Details

	Name	Address / Contact Number	ID Proof
Witness 1			
Witness 2			

The above declaration has been made by me without any duress and under own volition

Signed:

Left Thumb Impression

Right Thumb Impression

Print name:

Rank:

Vessel:

Date :



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Form / Format	Document No: NMS/ FM/ 09
Title: Pre Joining Checklist	Issue: 1, Rev: 0, Date :01.02.2025
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NAME:	RANK:	VESSEL:
INDOS NO.:	CONTACT NO.:	FLAG:
JOINING PORT:	COVID 19 VACCINATION: Y/ N	TRAVEL DATE:

VALIDITY FOLLOWING CHECKLIST

PASSPORT VALID TILL		MEDICAL DONE ON	
VISA VALID TILL		DRUG AND ALCOHOL DONE ON	
IND COC / WATCH KEEPING CERT.VALID TILL		INDIAN CDC VALID TILL	
YELLOW FEVER VALID TILL		ALL STCW 2010 CERT. ARE VALID AND VERIFIED	
FLAG DOCUMENTS VALID TILL		LICENSE / SIB IN ORDER OR IN PROCESS	
HAS THE PRE-JOINING FAMILIARIZATION BEEN GIVEN AND BRIEFED ON THE VESSEL PARTICULARS, ANY ONBOARD CHANGES, VESSEL TRANSFER, RANK CHANGE PROCEDURE BY THE CREW MANAGER			
HAS THE GRIEVANCE REDRESSAL MECHANISM, SEAFARER RIGHTS AND DUTIES AND THE PROCEDURE EXPLAINED TO THE SEAFARER OF INSURANCE COVER AVAILABLE UNDER MLC CLAUSES 2.5 AND 4.2 AND HOW TO INVOKE THE SAME IF REQUIRED? BEEN EXPLAINED BY THE CREW MANAGER			
HAS ALL MANDATORY CERTIFICATES, DOCUMENTS, AND EMPLOYMENT REFERENCES SUBMITTED FOR EMPLOYMENT ARE CHECKED & VERIFIED			

FOLLOWING HAS BEEN HANDED OVER TO THE CANDIDATES:

PASSPORT		ORIGINAL MEDICAL REPORT	
INDIAN CDC		CHEST CERTIFICATE	
SEAFARER EMPLOYMENT AGREEMENT PART I&II		FORM I	
FLAG LIC – CRA / STCW 2010 DOCUMENTS		LETTER TO IMMIGRATION / MASTER	
INDIAN COC / COP/WK		CONTACT DETAILS OF AGENT / OWNER OF VESSEL	
AIRLINE TICKET /TRAIN TICKET		BRIEF JOINING INSTRUCTIONS	
OK TO BOARD		CADET RECORD BOOK / TAR BOOK	
SID		BOILER SUIT OF THE CORRECT SIZE	
GRM & ONBOARD VESSEL/RANK CHANGES DECLARATION/REQUEST FORM		SAFETY SHOES	
MAIL/MEDICINES (IF REQUIRED)		ONE BAG WITH A COMPLETE PPE KIT	
ARE ALL THE CHECKS OK IN ALL RESPECTS		YES	NO

DECLARATION BY SEAFARER

I further declare that:

- All the above-mentioned documents have been duly handed over to me and received in good order. I confirm that I am carrying all the original documents with me on board.
- The grievance redressal mechanism, pre-joining familiarization, vessel particulars, onboard change procedures, vessel transfer and rank change procedures, along with the details of insurance cover available under MLC Clauses 2.5 and 4.2, and the process to invoke the same if required, have been clearly explained to me and are fully understood by me.

SIGNATURE OF THE CANDIDATE

DATE

PREPARED BY CREW CO-ORDINATOR: _____

REVIEWED & CHECKED BY CREW MANAGER: _____



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Form / Format	Document No: NMS/ FM/ 10
Title: Seafarer Awareness Form	Issue: 1, Rev: 0, Date :01.02.2025
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Seafarer Declaration Form

Seafarer's Name: _____ Rank: _____ Vessel Name _____

S.N	TOPIC	Yes	No
1	I have been informed of my rights and duties under the employment agreements prior to or in the process of engagement		
2	I have been advised of any particular conditions applicable to the job for which I am being engaged and of the particular ship-owners policies relating to the employment and also advised on possible problems of signing on a ship that flies the flag of a state that has not ratified the MLC, 2006.		
4	I have examined my employment agreement before to seek advice before signing, and after it has been signed, and I have received a signed original of the agreement for my reference and record.		
5	I have been explained and familiarized with on-board complaint procedures, as applicable on the ship and also explained and familiarized me about the insurance cover available under MLC clauses 2.5 and 4.2 and how to invoke the same if required?		
6	I haven't been subject to exploitation by the NMS or by their personnel, with regard to the offer of engagement on particular ships or by particular companies.		
7	I haven't been subject to exploitation by the NMS or by their personnel, with regard to the offer of joining advances or any other financial transaction between the ship owner and me.		
8	I observed that the NMS staff was polite to me and briefed me about the history of the vessel, Labour conditions on ships, Vessel Trading Pattern, Ship Owner Policies and the same is in conformity with the applicable CBA.		
9	I have read & understood the Seafarer Recruitment Policy, Drugs & Alcohol Policy, Health Safety Environmental Policy of NMS and same acceptable to me.		
10	All the certificates Submitted by me for employment are genuine and checked by me and not fraudulently obtained.		

Note: On board Complaint management Procedure

1. In case the seafarer employed through the company have any grievance or complaints they can approach the Master of the vessel.
2. Master of the vessel will inform the company, owner or Manager and try his level best to address/ resolve the grievance.
3. However if the grievance is not sorted out then Master of the vessel should consult the Ship Owners / Clients or our Director who shall try its level best to address the grievance of the seafarer.
4. Moreover, if the grievance is not sorted out by any of the above the seafarer has the right to approach to the Director General of Shipping or Seamen's Employment Office of the relevant flag authority.
5. The company will co-operate fully with the seafarer and the authorities to resolve the grievance of the seafarer.
6. Seafarer has the right to refer complaints against the Company directly to Director- General of Shipping or the suitable authority of the country to which the ship belongs.

Signature of Seafarer: _____

Date: _____

Thumb Impression : Left : _____ Right : _____



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Form / Format	Document No: NMS/ FM/ 11
Title: Pre Boarding Familiarization	Issue: 1, Rev: 0, Date :01.02.2025
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Seafarer Name:		Rank held:		Date:	
Assigned Vessel:		Rank assigned:		Last vessel:	
S. No.	Familiarization	Yes	No	NA	
All crew:					
1	Is the Seafarer aware of his duties, responsibilities, and obligations towards the company, and what does the company expect of him?				
2	Is the Seafarer aware of the type of vessel, its trading area, type of cargo being loaded, Rank & Vessel Onboard Changes Procedure				
3	Has the Seafarer gone through the latest crew list and the ship's particulars and explained to the seafarer of insurance cover available under MLC clauses 2.5 and 4.2 and how to invoke the same if required ?				
4	Has the Seafarer been briefed about the history of the vessel and Labour conditions on ships, Vessel Trading Pattern, Ship Owner Policies and the same is in conformity with the applicable CBA.				
5	Is the Seafarer aware of the company's objectives and policies?				
6	Is the Seafarer aware of the Designated Person ashore?				
7	Is the Seafarer aware of the duties and responsibilities on board a vessel for his rank?				
Only for officers					
8	Has the officer read the company's manuals?				
9	Is the officer aware of his duties as watch keeping officer?				
10	Is the officer aware that self-motivation is the best tool to achieve the motivated and supportive crew?				
For Senior Officer					
11	Is the officer aware of the general condition of the vessel?				
12	Is the officer aware of any peculiarities associated with the operation of the vessel?				
13	Is the officer aware of the details of the Owners of the vessel?				
14	Is the officer aware of pattern of communication on the vessel, w.r.t operation, technical and crew related matters?				
15	Is the officer aware of vessel's certificate status, and any surveys planned in the near future?				
16	Is the officer aware of any crew change planned in the near future?				
17	Any important information which may deemed to be necessary.				
18	Briefed by Technical Manager or Superintendent and Head of Manning.				
----- Joining Seafarer		----- Officer providing training preferably by CEO/ MD or Superintendent		----- Crew Manager	



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SEAFARER FILE – REQUIRED DOCUMENT CHECKLIST

Document No : NMS/ FM/ A/01

Seafarer Name: _____

Rank: _____

Indos No.: _____

Vessel Name: _____

Date: _____

1. Personal Documents

- Application Form (with photographs)
- Indos Certificate
- SID (with DG Shipping SID Checker)
- Yellow Fever Certificate
- Covid Vaccine

2. Mandatory Certificates

- STCW Certificates
- CDC (with DG Shipping CDC Checker)
- Passport
- COC (with issuing authority verification)
- COP (with issuing authority verification)
- Watchkeeping (with issuing authority verification)

3. Employment & Declarations

- Seafarers Employment Agreement (SEA)
- Next of Kin Declaration
- Form 1
- Declaration for Medical & Criminal / Civil Convictions

4. Pre-Joining & Compliance

- Pre-Joining Checklist
- Pre-Boarding Familiarization
- MARPOL Compliance
- Drug & Alcohol Policy Confirmation

5. Travel & Immigration

- Immigration Letter
- OK to Board
- Visa
- Ticket

6. Medical & Communication

- Medical Report
- Safe Joining Message / Sign-Off Message (Owner / Agent / Master)

Verification

Checked By: _____ Designation: _____

Signature: _____ Date: _____

Company Seal