



# GREATWAY SHIPPING SERVICES PVT. LTD.

(AN ISO 9001:2008 Certified Company)

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## ON-BOARD TRAINING FORM

Rank Applied .....

Name .....

Address (with Pin code) .....

.....

Nationality ..... Contact No. ....

Email ID-.....

AFFIX  
PASSPORT SIZE  
  
PHOTOGRAPH  
  
HERE

### Document Details

Name	Number	Date of issue	Date of Expiry	Place of issue
Passport				
CDC				
INDOS				
Yellow Fever Vaccination				

**Merchant Navy Pre- Sea Training Detail**

Name of the course in Pre-Sea Training and Name of the Institute.....  
.....

Name of certificates	Certificate Number	Date of issue	Date of Expiry	Place of issue
E.F.A				
P.S.T				
P.S.S.R				
F.P.F.F				
O.T.F.C				

**Sea Experience Details**

Name Of company	Vessel Name	Date of sign in	Date of sign off	Type of vessel & GRT

**Declaration:**

I confirm that the information contained in this application form is true to the best of my knowledge and belief and if any part of above said information found false or incorrect applicant will be personally responsible for all of the adverse results including loss caused to the company if any

Place: .....

(Signature of the Applicant)

Dated .....

(Signature of the **Guardian/Parent**)