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(spofficer@pns.com.pk)



**PAKISTAN NATIONAL SHIPPING CORPORATION
SHIP PERSONNEL DEPARTEMENT
APPLICATION FORM**

TWO LATEST
COLOURED
PHOTOGRAPHS
TO BE
ATTACHED

1

Position

| | |
|---|--|
| Position applied for: | |
| Are you willing to accept any other positions? If YES, which positions would you consider? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you responding to a media advertisement? If YES, please state which publication? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| From what date will you be available? | |

2

Personal details

| | | |
|-----------------------|-------------|--------------|
| Name: | (Last Name) | (First Name) |
| Date/ place of birth: | | Nationality |
| Permanent address: | | |
| | Post Code: | ☎ No.: |
| Mailing address: | | |
| | Post Code: | ☎ No.: |

3

Education Background

| School/ College | From | To | Highest Qualification Attained |
|-----------------|------|----|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

4

Identity documents

| DOCUMENT | COUNTRY | NUMBER | ISSUED | PLACE | EXPIRY |
|---|---------|--------|--|-------|--------|
| Passport: | | | | | |
| Seaman book: | | | | | |
| Do you hold a US Visa 'C1/D'? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you been rejected for any visa applied for? If YES, please state the country and reasons. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | |
| | | | | | |



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5 Family details

| | | | |
|----------------------------|-------------|-----------------|------------|
| NEXT OF KIN | | Relation | |
| Name: | (Last Name) | (First Name) | |
| Address: | | | Post Code: |
| Contact telephone numbers: | 1st. | 2nd. | |
| Names of Children | Sex | Date of Birth | |
| | | | |
| | | | |
| | | | |

6 Certificates (Highest certificate of competency held)

| Class/Grade | Issuing Country | Certificate No. | Date Issued | Place Issued | Valid Until |
|-------------|-----------------|-----------------|-------------|--------------|-------------|
| | | | | | |
| | | | | | |

7 Dangerous Cargo Endorsements

| | Certificate No. | Date Issued | Place Issued | Valid Until |
|---------------------|-----------------|-------------|--------------|-------------|
| Petroleum | | | | |
| Liquefied Gas | | | | |
| Liquefied Chemicals | | | | |

8 Courses attended and certificates obtained

| S. No | Course | Institution | Place Issued | Date Issued | Certificate No. | Valid Until |
|-------|-----------------------------------|-------------|--------------|-------------|-----------------|-------------|
| 1 | Tanker Familiarization | | | | | |
| 2 | Adv. Tank. Ops. (inc. COW & IGS) | | | | | |
| 3 | Radar Observer | | | | | |
| 4 | ARPA | | | | | |
| 5 | Radar Simulator | | | | | |
| 6 | Medical & First Aid | | | | | |
| 7 | Ship Master Medical Guide | | | | | |
| 8 | Personal Survival | | | | | |
| 9 | Basic Fire Fighting | | | | | |
| 10 | Human Relationship – PSSR | | | | | |
| 11 | Proficiency In Survival Crafts | | | | | |
| 12 | Advance Fire Fighting | | | | | |
| 13 | GMDSS | | | | | |
| 14 | STCW Endorsement | | | | | |
| 15 | Bridge Team Management | | | | | |
| 16 | Bridge Resource Management | | | | | |
| 17 | Ship Handling Simulator | | | | | |
| 18 | ISM Code | | | | | |
| 19 | Liquid Cargo Handling Simulator | | | | | |
| 20 | Ship Security Officer – ISPS/SSO | | | | | |
| 21 | Marine Electronics & Control Tech | | | | | |
| 22 | Ecdis (for all deck officers) | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |



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10

Medical History

| | | |
|--|------------------------------|-----------------------------|
| Have you ever signed off a ship due to medical reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you undergone any surgery in the past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you consulted a doctor during the last 12 months for an illness/accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any health or ability problems now? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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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11

General

| | | |
|--|------------------------------|-----------------------------|
| Have you ever been subject to a court of inquiry or involved in a maritime accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever had a professional license suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(If YES, please give full details and attach a separate page if necessary)

| |
|--|
| |
|--|

12

References *(Please give the name and address of your current or last employer)*

| | |
|---------------------------|--|
| Name of Company | |
| Name of Person to contact | |
| Address | |
| No.: | |

12a

References *(Please list two contactable references or past employers in addition to Section 12)*

| | |
|---------------------------|--|
| Name of Company | |
| Name of Person to contact | |
| Address | |
| No.: | |

| | |
|---------------------------|--|
| Name of Company | |
| Name of Person to contact | |
| Address | |
| No.: | |



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13

Automatic review

| | | |
|---|------------------------------|-----------------------------|
| If immediate employment is not available do you wish to be considered for future vacancies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If YES, please give any alternative contact details not shown in section 2 | | |

I hereby declare that the above particulars are true and authorize you to verify the references listed above.

Signature: _____

Date: _____

INTERVIEW CONDUCTED BY

Application forwarded for interview and assessment by the concerned department for the post applied.

MANAGER /SUPERINTENDENT
HOD (SPD).

✓ Tanker / Fleet Department (In case of Master/Chief Officer) _____
(Date / Stamp & Signature)

✓ (MR&S) Department (In case of Chief Engineer / 2nd Engineer) _____
(Date / Stamp & Signature)

✓ GM (MR&S) Department (Comments) _____
(Date Stamp & Signature)

✓ GM (COMMERCIAL) Department (Comments) _____
(Date Stamp & Signature)

Interviewed for Final Selection
Found Suitable for Employment YES NO

EXECUTIVE DIRECTOR
SHIP MANAGEMENT
(Date / Stamp & Signature)