



**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**

<b>NEXT OF KIN</b>		<b>Relation</b>	
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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**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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**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)

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**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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**Automatic review**

If immediate employment is not available do you wish to be considering 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 contact the references listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**INTERVIEW CONDUCTED BY**

Suitable for Employment

YES  NO

✓ Tanker / Fleet Department (In case of Master/Chief Officer)

\_\_\_\_\_  
(Signature)

✓ (MR&S) Department (In case of Chief Engineer / 2<sup>nd</sup> Engineer)

\_\_\_\_\_  
(Signature)

Interview/ Final Selection

\_\_\_\_\_  
G. MANAGER  
SHIP PERSONNEL DEPT.