Merchant Shipping Division Ministry of Ports & Aviation

Application No

C.D.C. APPLICATION

PARTICULARS	OF APPLICANT
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1.1	Name (with surname):
	Last Name (with initials):
1.2	Other Names:
	(Names donated by initials):
1.3	Address:
	Tel. No. :
1.4	Date of Birth: Age:Mths:Days:
1.5	Place and Country of Birth:
1.6	Citizenship: (By registration or descent):
1.7	Particulars as per National Identity Card No. and Date:
	No.: Date of Issue:
1.8	Particulars as per Passport No. :
	Date of Issue :
1.9	Height: Build:
1.10	Birth marks of other marks, scars:
1.11	Colour of eyes, hair:
1.12	Name of Next of kin:
	Address and relationship:
1.13	Educational Qualifications:
1.14	If processing and Certificate of Company indicate its No date of issue and the institution:
1.15	Whether you are engaged in a permanent employment in Public / Private Sector Institution:
	(If engaged in a permanent employment, Certificate should be produced to the effect that
	you could be released).

Contd. 2/

1.16 Copies of following documents are attached:
a . Birth Certificate
b. Educational Certificates, Gramasevake Certificate, if available.
c . National Identity Card
d . Passport
e . Medical Certificate (From approved Doctor)
f. Wages Sheet and other document, if necessary,
g . Services Certificate or Testimonials
h. Police report, if necessary
I do hereby declare that the above particulars are true and the documents mentioned form 1-15 ware produced by me. Date:
Signature of Applicant
For Office Use only.
1.17 I hereby certify that the particulars given in terms 1.1 to 1.14 have been compared with
originals of certificate and found correct. Photo copies have been initiated.
Date :

DDMS (N) /G.E.S.S

CINES/MSTI/NDT/TTI/NIFNE/Juliston, Trainee Submitted for your recommendation please.

A.S.O.

Signature of Officer Receiving Applications.

DDMS (A)

Submitted for your approval please.

A.S.O.