



Fleet Management Ltd.

11th Floor, Dah Sing Financial Centre, 108 Gloucester Road, Wanchai, Hong Kong
Tel: (852) 2861 3511 (Switchboard), Fax : (852) 2528 1550, E-mail : fml@fleetship.com

APPLICATION FOR SELECTION AS A DECK CADET/TME

APPLICANTS ARE ADVISED TO READ THE ATTACHED
INSTRUCTIONS BEFORE FILLING IN THE APPLICATION FORM
WHICH ON COMPLETION IS TO BE RETURNED TO:

Fleet Management Ltd.



C/o. Elegant Marine Services Private Limited

601/A, Elegant Business Park, Off Andheri-Kurla Road,
Behind Kotak Mahindra Bank, Andheri (E), Mumbai - 400 059
Tel. : 91-22 6792 6100, Fax : 91-22 6792 6200

1
Passport size
Photograph of
Applicant to be
affixed here

ANY INFORMATION FOUND TO BE INCORRECT AT ANY STAGE SHALL RENDER THE FORM NULL AND VOID.

1. Full name of the applicant (Surname first) :-
Passport No. (If any):-

2. Present Contact Address with Postal Code:

Permanent postal address With postal code:
(With postal code:)

Telephone Number (if any)
(With Area Code)

Telephone Number (if any)
(With Area Code)

3. Date of birth (proof to be provided).

4. Age on 31st December of the current year :-

5. Place (district and state) of birth :-

Country of domicile :-

6. Marital status :- Single / Married (Strike out which is not applicable)

7. Educational qualifications :-

Examination	Percentage	Board Name & Subject	School / College Attended	Year of Passing
10 th				
H. S. C. SCIENCE (12th)				
B.Sc				
B.E/B. Tech				
Others				

8. Name of Applicant's father :-

9. Father's occupation :-
(In case of service, state exact post and rank held. If pensioner, give) last post held and date of retirement.)

10. Is your father alive ?

11. How many brothers / sisters do you have ?
State their present ages and occupations, (excluding yourself in chronological order) :-

12. Father's nationality and country of domicile :-

13. Name and relationship of guardian (if father not alive) :-

14. Guardian's occupation :-
(In case of service, state exact post and rank held. If pensioner, give last post held and date of retirement.)

15. (a) State if you have been or are presently employed and in what position :-

(b) State if any disciplinary action was taken against you in any of the educational institution where you studied and /or in any office or organisation. If so, state details of the offence.

(c) Have you ever been convicted ? If so, when and why ? :-

16. State names of two persons, with details and full address, who, if necessary, will be required to give in written guarantee to make good to the company, all losses suffered by the company due to your premature termination of apprenticeship / Training or desertion of ship or such.

1.

2.

17. Did you ever apply, before selection in our Company, to a Marine Academy / Shipping Company in the past ? If so, give name of the Academy / Company when and with what results ?

18. Can you swim ? :- YES / NO

19. What interests / achievements do you have in the following ?
(Please attach certificate where applicable)

Games / Sports :-

Extra - curricular activities :-

Hobbies :-

20. Proficiency in Languages : ENG / HINDI / OTHERS (SPECIFY)
(Tick Applicable)

	SPEAK	READ	WRITE	TRANSLATE
ENGLISH				
HINDI				
OTHERS				

Mother Tongue :

21. Besides your normal studies do you also read other books. YES / NO
What subject interests you most ?

Who is your favorite Author ?

22. Did you like writing ? YES / NO
What appeals to you the most : writing essays, reports, personal letters,
official letters or poems.

23. Give THREE good reasons why you intend to come out to sea.

24. Give THREE good reasons why you would like to join this Company.

25. Do you like working with your hands ? State briefly on your opinion about
manual labour.

MEDICAL REPORT

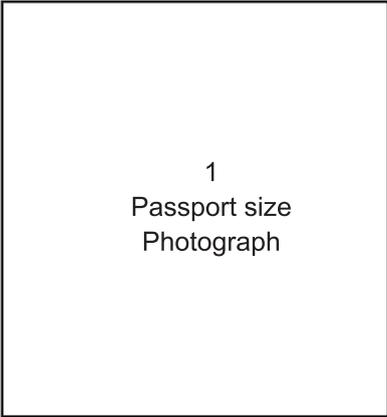
Name Date of Birth

Permanent Address:

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MEDICAL HISTORY

Have you ever had or do you now have any of the following (strike out not applicable).

- | | | | |
|-------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------|----------|
| 1) Frequent headaches | Yes / No | 16) Hernia, Hydrocoele, Varicocele
Piles, Varicose veins, fistula | Yes / No |
| 2) Colour blindness | Yes / No | 17) Epilepsy or fits any kind | Yes / No |
| 3) Loss of Vision | Yes / No | 18) Operated for appendicitis | Yes / No |
| 4) High / Low blood pressure | Yes / No | 19) Addicted to alcohol | Yes / No |
| 5) Chest Pain | Yes / No | 20) Allergy to foods / drugs | Yes / No |
| 6) Hearing disorders | Yes / No | 21) Back trouble including
lumbago / sciatica | Yes / No |
| 7) Breathlessness / spitting blood | Yes / No | 22) Ear infections, sinusitis | Yes / No |
| 8) Rheumatic fever | Yes / No | 23) Nervous complaints
(Including bedwetting) | Yes / No |
| 9) Asthma or Bronchitis | Yes / No | 24) Mental disturbances | Yes / No |
| 10) Tuberculosis | Yes / No | 25) Do you use contact lenses | Yes / No |
| 11) Peptic Ulcer / Gastritis | Yes / No | 26) Do you take medicines regularly | Yes / No |
| 12) Parasitic inflection of
Gastroenteric system (worms) | Yes / No | 27) Have you at any time been
discharged from education
institution owing to illness? | Yes / No |
| 13) Arthritis | Yes / No | 28) Typhoid, Pneumonia, Malaria,
Diseases of veins, Diabetes,
Endocrine disease. | Yes / No |
| 14. Venereal disease | Yes / No | | |
| 15. Illness or accident requiring
hospitalisation | Yes / No | | |

IF YES, GIVE DETAILS ON SEPARATE SHEET

I declare that I am not suffering from Asthma, Hypertension, Diabetes Mellitus, Tuberculosis, Epilepsy or any Cardiological Disease nor am I taking any medicines for the above conditions, which could be concealed if not declared by me and also that I am not habituated / addicted to any narcotic drugs. I solemnly declare that the above information are true and complete and I have not withheld any information. I agree and declare that the above statement and this declaration shall be the basic of my medical test report and that I personally stand responsible for any action that the company may take, if proved otherwise.

Signature of Candidate

I hereby declare that all above statements are correct and the documents submitted are true copies of the authentic documents to the best of my knowledge and belief :

Signature of Applicant

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INSTRUCTIONS FOR FILLING IN DECK CADET / TME APPLICATION

1. Please answer each question clearly and completely. Type or write in block letters. Read carefully and follow all directions. If you need more space, attach additional pages of the same size.
2. The following documents must be attached with the application :-
 - (a) Three copies of your recent passport size photograph signed by you on the back and duly attested by a Government Officer of grade 1 or above. One of these photographs is to be affixed on the front page in the space provided. Additionally one full photograph, size about 130 x 90 mm is required.
 - (b) Matriculation or equivalent certificate as proof of age (Attested Copy).
 - (c) Proof of your highest academic qualification (Attested Copy).
 - (d) Proof of your having passed H.S.C. 12th or Higher Cambridge or GCE 'A' Level (with Physics and Mathematics) or equivalent examination, showing the subject offered, subjectwise marks and division obtained. If you have appeared or are appearing in the said examination this year, attach proof to this effect, mentioning clearly the subjects offered. You must, however, prove to have passed the said examination and also submit the marks sheet before the interview.
 - (e) A character testimonial from the Head of the education institution last attended.
 - (f) A recommendation letter from a person / institution known to Fleet Management Ltd. (where applicable).
 - (g) Sight test certificate issued by Mercantile Marine Department.
 - (h) School / College Leaving Certificate.
3. Any change of postal address should be promptly notified to the office.
4. A candidate who is found to have knowingly furnished any particulars which are false, or to have suppressed material information will be disqualified and, if selected, will be liable for dismissal.
5. Candidates are warned that an individual application, if incomplete or wrongly filled up or not accompanied by the documents mentioned in paragraph 2 above or by a reasonable explanation for their absence, is liable to be summarily rejected, and that no appeal against its rejection will be entertained.
6. Candidates are warned that they should in no case tamper with the entries in the documents submitted by them. Any document found to have been tampered with will be retained until proved otherwise and the candidate who has submitted it will be liable to be prosecuted in addition to being debarred from the selection.
7. Original certificates are to be submitted by those successful candidates at the time of appearing for the Company interview.
8. Medical Report on page no. 7 is to be filled and signed by the Candidate.
9. Medical Examination Report on page no. 8 will be filled & signed by the company doctor after the candidate is considered for the selection.