



**Declaration and Checklist for Watchkeeping Certificate (WKC) as Deck Rating**

Name : .....

Rank : .....

Place of Birth : ..... Date of Birth : ..... INDos No : .....

(Name, date of birth &amp; place of birth should be same as in Passport)

Self-attested copy of each Document to be submitted are to be self certified and must be arranged in the following sequence.

Sr.No	List of Documents required	Yes	No
1	Application form in original duly filled and signed		
2	Checklist and declaration form dully filled		
3	Self-attested copy of INDos number and INDos checker from DG website printout		
4	Self-attested copy of Indian CDC (All stamped pages)		
5	Self-attested copy of passport (All stamped pages)		
6	Self-Attested Copy of updated Seafarer Registration Print Out on E-Governance of DG Shipping.		
7	Self-attested Pre-sea training certificate (GP rating or Deck rating)		
8	Self-attested copy of certificate from BES Trust if applicable		
9	Original TAR book issued by BES Trust duly filled and signed with necessary record of sea service.		
10	Original sea service testimonial letter issued by the owner / agent with RPSL no. and full address.		
11	Self-attested copy of the following modular Courses (STCW 2010)		
	1 Refresher Training in FPFF (Required only if the FPFF course was done more than 5 years ago)		
	2 Elementary First Aid (EFA)		
	3 Refresher Training in PST / PSCRB (Required only if the PST course was done more than 5 years ago)		
	4 Personal Safety & Social Responsibilities (PSSR)		
	5 Security Training for Seafarers with Designated Security Duties (STSDSD)		
12	Copy of Articles of agreement in case of Indian Flag or contract letter in case of Other vessels		
13	Self-attested copy of SSLC / SSC certificate.		
14	Self-attested copy of valid medical fitness certificate		
15	Three recent color photographs (size 40 x 30 mm)		
16	Fees applicable to MMD, Bank Charges & CMMI FC		
17	One cloth envelope size 10*14 inches with contact details (including name, rank, contact no & email id)		

## Note:

- 1) All relevant Original Documents are to be produced while submitting the applications for verification and also at the time of collecting the certificate.
- 2) Candidate should ensure that the form is correctly filled up and that all required documents are attached as per the above checklist in the same order
- 3) Candidates are reminded that Fees once paid cannot be reimbursed in case the application is rejected for any reasons.

Declaration: I make this solemn declaration and conscientiously believing that the statements contained in this application form to be true in every particular. I understand that any incorrect information or non-disciplinary action from my side may result in refusal of my application or, if a certificate has been granted, the cancellation of that certificate.

Candidates Signature : .....

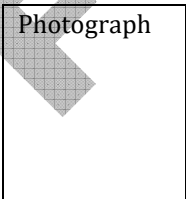
Date : .....



**Application for Watch Keeping Certificate as Deck Rating**

**Particulars of Candidates: -**

- (1) Name in block letters \_\_\_\_\_  
First Middle Last
- (2) Date Of Birth (DD/MM/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_
- (3) Current Rank \_\_\_\_\_ TAR Book No: \_\_\_\_\_ Date of Issue \_\_\_\_\_
- (4) Phone Number - landline :- \_\_\_\_\_ Mobile :- \_\_\_\_\_
- (5) E-Mail id \_\_\_\_\_
- (6) CDC Number \_\_\_\_\_ (7) Passport Number / Nationality \_\_\_\_\_
- (8) INDoS Number \_\_\_\_\_
- (9) Record of Pre-sea training



Name of Institution	From	To	Total Time

(11) Record of sea service)

No	Particulars				Rank Served	Duration		Sea Time MM/DD
	Ship's Name	Type	GRT/KW	FG/Coastal		From	To	

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(FOR OFFICIAL USE)

Fees Paid: \_\_\_\_\_ Tr.No. \_\_\_\_\_ Time \_\_\_\_\_ Office Assistant Sign \_\_\_\_\_

I have scrutinized above application in line with applicable guidelines.  
 Candidate has been assessed and examined and found eligible/ineligible\* for certification.

Certificate No : \_\_\_\_\_ Signature of the Duly Authorized officer : \_\_\_\_\_

Dated : \_\_\_\_\_ Name of Officer : \_\_\_\_\_

Grade : \_\_\_\_\_ Designation : \_\_\_\_\_

\* Delete are appropriate