ACME International Shipping (Pvt) Ltd

**PHOTO**

BG 12 , National Housing Complex,

Maligawatta, Colombo 10.

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Please forward completed CV to [career@acmeshipping.lk](mailto:career@acmeshipping.lk)

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| **POSITION** | | |
| Position Applied for: |  | |
| Are you willing to accept a lower rank? | | YES / NO |
| Date of Availability: | | |

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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. GENERAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Date of Birth: | | | | | | Place of Birth: | | | | | | | | | Nationality: | | | | | |  | | | | | | | |
| Permanent address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Post code: | | | | |  | | | | | | 🕿 No.: | | |  | | | | | | | | | | |
| E-Mail address: | | | |  | | | | | | | | | | | 🖁No.: | | |  | | | | | | | | | | |
| Present address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Post code: | | | | |  | | | | | | 🕿 No.: | | | |  | | | | | | | | | |
| Nearest Airport | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Civil Status : | | | Single / Married / Separated / Divorced / Widowed. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Height : | | |  | | Cm: | | | | |  | | | Weight : | | |  | | | | | | Kg: | | | | |  | |
| Boiler Suit Size : | | | | | | | | | | | | | Shoe Size : | | | | | | | | | | | | | | | |
| **2. FAMILY DETAILS.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name of Next of Kin : | | | | | | |  | | | | | | | | | | | | Relationship : | | | | | | F | | | |
| Address of Next of Kin : | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Post code: | | | |  | | | | |
| Contact telephone numbers: | | | | | | | 🕿 No.: | | | | + | | | | | | | | | 🖁No.: | | | |  | | | | |
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| **Family Data** | | **Name** | | | | | | **Date of Anniversary** | | | | **D.O.B** | | **PPT. No.** | | | **D.O.I** | | | | | | **P.O.I** | | | **D.O.E** | | **ECNR** |
| Wife | |  | | | | | |  | | | |  | |  | | |  | | | | | |  | | |  | |  |
| Child (M/F) | |  | | | | | |  | | | |  | |  | | |  | | | | | |  | | |  | |  |
| Child (M/F) | |  | | | | | |  | | | |  | |  | | |  | | | | | |  | | |  | |  |
| Child (M/F) | |  | | | | | |  | | | |  | |  | | |  | | | | | |  | | |  | |  |

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| **3. MEDICAL HISTORY** | | | | | | |
| (a). Have you ever signed off from a ship due to Medical reasons, (If Yes give details) | | | | | | Yes / No |
| Name of the Vessel: | | | Date of Occurrence: | | | |
|  | | |  | | | |
|  | | |  | | | |
| Brief description of Illness / Injury / Accident: | | | | | | |
| (b). Did you suffer or Are you Presently suffering from any disease likely to render you unfit for service at sea or likely to endanger the Health of others on board? | | | | | | Yes / No |
| (c). Are you addicted to alcohol or drugs of any kind? | | | | | | Yes / No |
| (d). Have You suffered from Following? | | | | | | |
| Malaria | Diabetes | Epilepsy | | Nervous Disability | Hepatitis of any kind | |
| Yes / No | Yes / No | Yes / No | | Yes / No | Yes / No | |
| (e) Did You ever undergo psychiatric treatment? | | | | | | Yes / No |

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| **TRAVEL DOCUMENTS & VISA** | | | | | | | |
| **Passport No:** | **Date of Issue** | **Place of Issue** | **Date of Expiry** |  | |  | |
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| **U.S.VISA** |  |  |  |  |  | |  |
|  | | |  |
| **Any Other VISA** | | | | | | | |
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| **ACADEMICS & PROFESSIONAL QUALIFICATIONS** | | | | | | |
| **1. EDUCATIONAL BACKGROUND.** | | | | | | |
| **School / College** | **From** | | **To** | | **Highest Qualification attained.** | |
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| **2. PRE-SEA TRAINING / APPRENTICE SHIP.** | | | | | | |
| **Name of Institute / College** | **From** | **To** | | **Grade / Marks** | | **Type of Degree** |
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| **CERTIFICATIONS & COURSES** | | | | | | | | | | | | | | |
| **1. CDC DETAILS.** | | | | | | | | | | | | | | |
| **Seaman’s Book** | | **Number** | | **Date of Issue** | | **Place of Issue** | | | | | **Date of Expiry** | | | |
| Indian | |  | |  | |  | | | | |  | | | |
| Liberian | |  | |  | |  | | | | |  | | | |
| Panamanian | |  | |  | |  | | | | |  | | | |
| Marshall Islands | |  | |  | |  | | | | |  | | | |
| Bahamas | |  | |  | |  | | | | |  | | | |
| Vanuatu | |  | |  | |  | | | | |  | | | |
| IOM | |  | |  | |  | | | | |  | | | |
| Bermuda / Maltese | |  | |  | |  | | | | |  | | | |
| Others | |  | |  | |  | | | | |  | | | |
| **2. INDOS DETAILS.** | | | | | | | | | | | | | | |
| INDOS Number | |  | |  | |  | | | | |  | | | |
| **3. LICENSES.** | | | | | | | | | | | | | | |
| **License** | **Grade** | | **Number** | | | **Date of Issue** | | | | **Place of Issue** | | | | **Date of Expiry** |
| Indian |  | |  | | |  | | | |  | | | |  |
| U.K. |  | |  | | |  | | | |  | | | |  |
| Singapore |  | |  | | |  | | | |  | | | |  |
| ETO/ETR |  | |  | | |  | | | |  | | | |  |
| Watchkeeping II/4, III/4, II/5, III/5 |  | |  | | |  | | | |  | | | |  |
| Chief Cook |  | |  | | |  | | | |  | | | |  |
| Fitter (BV/GL/DNV) |  | |  | | |  | | | |  | | | |  |
| Others |  | |  | | |  | | | |  | | | |  |
| **4. DETAILS OF COURSES & CERTIFICATES.** | | | | | | | | | | | | | | |
| **Course Type** | | | | | **Number** | | **Date of Issue** | **Date of Expiry** | | | | | **Issued By** | |
| Advanced / Basic Fire Fighting | | | | |  | |  |  | | | | |  | |
| Basic Safety Training (11 Days) STCW 2010 | | | | |  | |  |  | | | | |  | |
| Bridge / Engine Team Resource Management | | | | |  | |  |  | | | | |  | |
| Bridge Team Management (BTM) | | | | |  | |  |  | | | | |  | |
| Chemical Tanker Familiarisation (CTFC) | | | | |  | |  |  | | | | |  | |
| Chemical Tanker Safety (CHEMCO) | | | | |  | |  |  | | | | |  | |
| ECDIS (DG Shipping approved) | | | | |  | |  |  | | | | |  | |
| ECDIS Type Specific (JRC/FURUNO/TRANSAS/MARIS) | | | | |  | |  |  | | | | |  | |
| Elementary / Medical First Aid / Medicare | | | | |  | |  |  | | | | |  | |
| Engine Room Simulator (ERS ) | | | | |  | |  |  | | | | |  | |
| ETO Bridge Course | | | | |  | |  |  | | | | |  | |
| ETO Course | | | | |  | |  |  | | | | |  | |
| Gas Familiarisation (GTFC) | | | | |  | |  |  | | | | |  | |
| Gas Tanker Safety (GASCO) | | | | |  | |  |  | | | | |  | |
| GMDSS / MCC | | | | |  | |  |  | | | | |  | |
| Hazmat Course | | | | |  | |  |  | | | | |  | |
| High Voltage | | | | |  | |  |  | | | | |  | |
| ISPS / SSO / CSO / STSDS | | | | |  | |  |  | | | | |  | |
| LCHS (Operational / Management Level) | | | | |  | |  |  | | | | |  | |
| Oil Tanker Familiarisation (OTFC) | | | | |  | |  |  | | | | |  | |
| Personal Survival & Social Responsibility (PSSR) as per STCW 2010 | | | | |  | |  |  | | | | |  | |
| Petroleum Tanker Safety (STPOTO) | | | | |  | |  |  | | | | |  | |
| Proficiency in Survival Craft / Rescue Boat / PST | | | | |  | |  |  | | | | |  | |
| Radar Observer / ARPA | | | | |  | |  |  | | | | |  | |
| Radar Simulator (RANSCO) / ENS | | | | |  | |  |  | | | | |  | |
| Refresher and Updating Training (RUTC) as per STCW 2010 | | | | |  | |  |  | | | | |  | |
| Refresher Training for FPFF / AFF as per STCW 2010 | | | | |  | |  |  | | | | |  | |
| Refresher Training for MFA/ Medicare as per STCW 2010 | | | | |  | |  |  | | | | |  | |
| Refresher Training for PST / PSCRB as per STCW 2010 | | | | |  | |  |  | | | | |  | |
| Revalidation Course | | | | |  | |  |  | | | | |  | |
| Ship Board Safety Officer | | | | |  | |  |  | | | | |  | |
| Ship Manoeuvring Simulator (SMS) | | | | |  | |  |  | | | | |  | |
| Yellow Fever | | | | |  | |  |  | | | | |  | |
| Others – **Certificate of Proficiency** | | | | |  | |  |  | | | | |  | |
| **5. DANGEROUS CARGO ENDORSEMENTS** | | | | | | | | | | | | | | |
| **Types** | **Grade / Level**  **I / II** | | **Number** | | | **Date of Issue** | | | **Place of Issue** | | | **D.O.E** | | |
| Oil |  | |  | | |  | | |  | | |  | | |
| Chemical |  | |  | | |  | | |  | | |  | | |
| Liquified Gas |  | |  | | |  | | |  | | |  | | |

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| **PREVIOUS SEA SERVICE** | | | | | | | | | | | | | | |
| **(Starting from Last vessel, please fill up for at least last 10 years of sea service)** | | | | | | | | | | | | | | |
| **S.No.** | **Name of Owners / Manager** | **Name of Vessel** | **Built Year** | **Type** | **DWT**  **Or**  **GRT** | **BHP** | **Engine Type** | **UMS**  **Y / N** | **Rank** | **From** | **To** | **Total**  **MM/DD** | **Reason for S/Off** |
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| **MISCELLANEOUS** | | | |
| **1. DECK OFFICERS.** | | | |
| Bulk: Type of cargo carried |  | | |
| Product: Type of cargo carried |  | | |
| Chemical: Type of cargo carried |  | | |
| Tanker: Type of pumps |  | | |
| **2. ENGINEERS.** | | | |
| Automation. (Type) |  | | |
| Cranes. (Type) |  | | |
| Grabs. (Type) |  | | |
| **3. ELECTRICAL OFFICERS.** | | | |
| Automation. (Type) | |  | |
| NOR Control System. (Type) | |  | |
| Cranes Hydraulics, Electro Hydraulics. (Type) | |  | |
| PLC. (Type) | |  | |
| **4. GENERAL TRADING AREA OF VESSELS** | | | |
|  | | | |
| **5. OIL MAJOR INSPECTIONS.** | | | |
| CDI | |  | Yes / No |
| Port State Control. (Please Specify) | |  | |
| Others. (Please Specify) | |  | |
| **6. DRY DOCKING EXPERIENCE.** | | | |
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| **DECLARATION** | | |
| I hereby affirm that all this information provided by me in this application is true and correct to the best of my knowledge and belief; further, that no Certificate of competency or License issued to me has ever been Revoked or Suspended. I also certify that my medical history contained above is True and any false statement or undisclosed material information about past illness or injury will disqualify me from any employment benefits and claims.    **Date Rank : Signature of Seaman :** | | |
| **Last Wages Drawn:** | **Expected Salary:** | |

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| **FOR OFFICE USE ONLY/ INTERVIEW** | | |
| Interviewer | Technical Aspect |  |
|  | Safety Aspect |  |
| Pollution Prevention |  |
| Operation Aspect |  |