No.3-TR(9)/98-PSF-II   Dated : 10/03/2017

To
All DGS approved MTIs conducting Passenger Ship Safety Course.
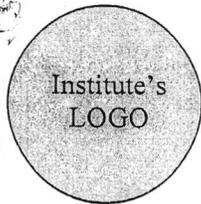
     Subject : Regarding amended format of Passenger Ship Safety Course
               Certificate.

Sir,

     Enclosed herewith please find the revised format of Certificate of Passenger Ship

Safety Course for necessary action.

                                       Yours faithfully,

                                       (Deependra Singh Bisen)
                              Asstt. Director General of Shipping(Trg)

NAME and ADDRESS of the D.G. Approved Training Institute
INDOS No: Tel: Fax: Email:

Certificate No: _____

THIS IS TO CERTIFY THAT   *[full name of candidate]*

Date of birth   .... (dd/mm/yyyy)

Holder of C.D.C. no. ....

Certificate of Competency (if any) grade: .... No. ....

Indian National Database of Seafarers (INDoS)no. ....

has successfully completed a training course in

Passenger Ship Safety Course
(Crisis Management and Human Behaviour Training including Passenger Safety, Cargo Safety and Hull Integrity Training)

held from ....to ....

The course is approved by the Directorate General of Shipping, Govt. of India and meets the training requirements laid down in Regulation V/2, paragraphs 6 & 7 and Section A-V/2 paragraphs 3 & 4 of the STCW Convention 1978 and Code as amended

The candidate has also met the additional criteria specified in the STCW Convention, applicable to the issue of the certificate.

This certificate is issued under the authority of the Directorate General of Shipping Ministry of Shipping, Govt. of India, Mumbai.

_____
Signature of Candidate

Date of issue: _____
Date of expiry: UNLIMITED

Colour Photograph
(35 mm x 35 mm)

Official Seal

_____
Name and Signature of Course In-charge

_____
Name and Signature of Dean / Principal