

## BOO ŢŪŸŌ ĀŌ ŢŪ• ŪŌ ŢŪ / GOVERNMENT OF INDIA —ÖÖBŸÖ —Ö× ŢŪĦŌÆÜ-Ö ´ÖÜÜÖÞÖŢÖ / MINISTRY OF SHIPPING -ÖÜŤHŌÆÜ-Ō ´ŌÆÜÖ×-Ō¤ĠÜŽÖÖ»ŌŢŌ / DIRECTORATE GENERAL OF SHIPPING

¯θÜ»Öβ±ŰÖθ-Ö: 91-22-22613651-54

" • ÖÆÜÖ • Ö ÞÖÄÖ-Ö" / "JAHAZ BHAVAN"
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%ÖêrÖ₌ www.dgshipping.com

Web: www.dgshipping.com

Dated: 04.12.12

M.S. Notice 24 of 2012

F.No. 3(8)CR-2006

Sub: Application form for a new Continuous Discharge Certificate (CDC) – cum – Seafarers Identity Document (SID) and its, renewal / duplicate/replacement (other than to the candidates who have undergone DGS approved pre-sea training courses) –

In pursuance of Sub-clause (2) of Rule 3 of the Merchant Shipping (MS) CDC Rules, 2001, the guidelines for the issuance of fresh CDCs (other than to candidates who have undergone the Directorate General Shipping (DGS), Govt. of India's approved pre-sea training courses from maritime training institutes) and for their renewal/duplicate/replacement CDCs, including the applicable application forms in Forms A and B, respectively, were promulgated vide the **M.S. Notice No. 08 of 2012** (F.No.3 (8)CR-2006) dated 19.03.2012 by the DGS,GOI.

- 2. Directions have been given in the said Forms A & B, to submit such applications along with the copies of the relevant certificates/documents of the applicant, duly attested by a Gazetted Officer of the Govt. The DGS has received concerns from various quarters on the difficulties in arranging an attestation from a Gazetted Officer of the Govt., for this purpose, especially by seafarers from rural/mofussil backgrounds. Therefore, in order to streamline the procedure and ease/facilitate the associated formalities for applying for a new CDC (other than to candidates who have undergone DGS approved pre-sea training courses from maritime training institutes) and for their renewal/duplicate/replacement CDCs, the requirement of an attestation of certificates/relevant documents of the applicants by a Gazetted Officer of the Govt. is hereby dispensed with and such applicants are directed to submit such applications, henceforth, by self-attesting their certificates and other documents, along with their name in full and date of self-attestation there under. The said revised Forms A & B, along with such guidelines, enclosed with this notice, (Annexure-1:10 pages and Annexure-2: 6 pages, respectively), shall come into force with an immediate effect.
- 3. This issues with the approval of the Director General of Shipping & ex-officio Additional Secretary to the Government of India.

(C.Rethinadhas)
Deputy Director General of Shipping (Crew)

Encl: As above.

## Annexure – 1 Appendix A

### FORM - A

#### INSTRUCTIONS FOR APPLICATION FORM FOR FRESH CDC

#### **GENERAL INSTRUCTIONS:**

- I. Ensure your eligibility as per M.S. CDC Rules, 2001 & DGS Orders, M.S. Notices, Circulars issued subsequently from time to time, before filling up Form.
- II. Column No. 1 to 17 are mandatorily to be filled in.
- III. Use capital letters only
- IV. Use Black/Blue ball point pen only
- V. Avoid over-writing
- VI. Specimen signatures should be strictly within the box without touching the boundaries
- VII. Envelope containing the application should clearly indicate the category of CDC applied for, on the top left hand side in block letters
- VIII. Column No. 1 to 18 and Declaration / List of Enclosures and Specimen Signatures are common to all applicants, which are to be completed and forwarded. Column No. 19 (a to c) is applicable depending on the category of CDC being applied for and only the concerned entries relevant to the applicant may be filled-in and forwarded.
  - IX. All individual applications must be sent in the given format. Applications sent in any other format or incomplete or not containing relevant documents or not filled by the applicant in own handwriting are liable to be rejected.
  - X. NO APPLICATION WILL BE ACCEPTED IN PERSON
- XI. Applications can be sent by Registered / Speed post / Courier service to : The Shipping Master, Government Shipping Office, Nau Bhavan, 10, R.K. Marg,

Ballard Estate, Mumbai - 400 001. (Phone No. 022-2269 7971/ 2269 7972, Fax No.

022-22693053, Email: gsomumbai@dgshipping.com).

## ISSUE OF CDC DOES NOT GUARANTEE A JOB, WHICH IS THE PREROGATIVE OF THE EMPLOYERS

### SPECIFIC INSTRUCTIONS AND GENERAL INFORMATION FOR OBTAINING CDC

- 1. Instructions to the applicants and General information about CDC may be retained by the applicant and are not to be sent along with the application.
- 2. CDCs in respect of Cadets, TMEs, Petty Officers and Ratings who have undergone pre-sea training courses approved by DGS shall be forwarded by the Training Institutes in accordance with the M.S. Notice 18 of 2002 dated 5th September, 2002 and 4 of 2007 dated 9.4.2007. Individual applications in respect of these candidates will not be entertained by the Shipping Master.

- 3. Xerox copies of relevant certificates / documents, as applicable, shall be submitted by the applicant, by self-attesting their certificates and other documents, along with their name in full and date of self-attestation there under.
  - (NO ORIGINAL CERTIFICATES/ DOCUMENTS ARE TO BE SENT ALONGWITH THE APPLICATION FORM. HOWEVER, THE SHIPPING MASTER IS AT LIBERTY TO DEMAND PRODUCTION OF ORIGINAL OF ANY OF THE DOCUMENTS / CERTIFICATES SUBMITTED BY THE APPLICANTS AND VERIFY THE SAME WITH THE ISSUING AUTHORITY, IF DEEMED NECESSARY BY HIM)
- 4. All the applicants are required to mandatorily register themselves as per Directorate's notice no. 1 Computer Cell (INDOS)/2010/1 dated 09.11.2011 and DGS Circular No. 01 of 2012 dated 13.03.12 were enclose with application for CDC a print out copy of their registration under the said notice, failing which their CDC application shall be rejected.

## FOLLOWING DOCUMENTS DULY ATTESTED ARE TO BE ENCLOSED ALONGWITH THE APPLICATION FORM.

- 1. Copies of 4 STCW modular courses
- 2. Copy of INDOS
- 3. Copy of S.S.C. Certificate with mark list.
- Copy of CoC/Degree/Diploma with mark list /Orientation Course Certificate (for Cooks)/CoS/IN 271/Release Certificate for Ex-Naval/Coast Guard/MEO-CL.IV/NCV/CoP Watchkeeping/GMDSS, etc. as the case may be.
- 5. Medical fitness certificate, in original.
- 6. Two passport size photographs (3.5 cm X 3.5 cm) in white shirt (in addition to the photo affixed). Name of the applicant should be written on reverse of the photographs).
- 7. One self-addressed Post Card with Rs. 5/- Postage Stamp affixed on it.
- 8. One self addressed envelope (size: 5" x 12") with Rs.50/- (Rupees Fifty only) postage stamp affixed (to forward the CDC to the applicant by speed post.
- 9. Non-refundable fee of Rs.500/- (Rupees Five Hundred only) vide Account Payee Demand Draft drawn in favour of Shipping Master, Mumbai payable at Mumbai. (Demand Draft should be kept on top of the application).

## (Please write your name on the reverse side of the D.D.)

- 10. Copy of the profile registration print out under Directorate Notice No. 1 Computer Cell (INDOS)/2010-I dated 09.11.2011.
- 11. Copy of valid passport.

<u>N.B.</u>: This Form is available free of cost in all Government Shipping Offices and Offices of the Mercantile Marine Departments. The Form can also be downloaded from <u>www.dgshipping.com</u> The list of Medical Examiners approved by DGS and courses approved by DGS are also available at <u>www.dgshipping.com</u> and <a href="http://dgshipping.nic.in.">http://dgshipping.nic.in.</a>

The person who fulfill the eligibility criteria for issuance of a CDC as per M.S. CDC Rules 2001 & DGS Orders/M.S. Notices/DGS Circulars issued upon that from time to time, may apply. The incomplete applications or the applications not having appropriate documents or not filled by the applicant himself/herself shall not be entertained and rejected.



Form-A (Revised-2011)

# GOVERNMENT OF INDIA MINISTRY OF SHIPPING GOVERNMENT SHIPPING OFFICE

# APPLICATION FORM FOR CONTINUOUS DISCHARGE CERTIFICATE-CUM-SEAFARER'S IDENTITY DOCUMENT (CDC)

## PLEASE READ INSTRUCTIONS CAREFULLY BEFORE FILLING UP THE APPLICATION FORM

FOR OFFICE USE ONLY						
File No. :	Category :					
Remarks:						
Name/Designation/Signature of D.A	Officer					
TO BE FILLED	BY THE APPLICANT IN OWN HANDWRITING					

TO BE FILLED BY THE APPLICANT IN OWN HANDWRITING
All the columns are to be filled neatly in BLOCK LETTERS
(Use only A4 size paper for the format and enclosures).

BANK DRAFT No.	Dated:	
		Affix here a recent
Amount : Rs	_	Passport size
		(3.5 cm X 3.5 cm)
Bank :		Photograph of the
		applicant in white shirt.

Branch:												
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1. Name of the candidate												
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2. Father's Name:												
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3. Sex	1 1,	4. Date	of Rir	rth								
or sex		n Date	<i>J</i> 1 <i>J</i> 11									
(As shown in SLC/Board Cert. /	IN 271/	release (	Certifi	icate ir	case c	f Ex-N	aval/C	oast Gu	ard as t	he case	may	be)
5. Nationality			6.	Place o	of Birtl	1				1		
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7. Valid Passport No.												
_												
Place of Issue												
Date of Issue												
Date of issue												
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## 8. Permanent Address:

House No.								
Street:								
Village/ Post								
Office/ Tehsil								
District:								
State:				PIN Code				
Phone No. with STD Code								
Nearest Police Station								

## 9. Address to receive CDC by POST:

House No.								
Street:								
Village/ Post Office/ Tehsil								
District:								
State:				PIN Code				

Phone No. with STD Code																
Nearest Police Station																
10. E-mail Addre	ess :									 			_		1	
11. Mobile No.																
12. Name, relati	onsł	nip a	nd a	address	of N	ext-of-	-kin									
Name of Next of	f kin	1														
Relationship																
House No.																
Street:																
Village/ Post Office/ Tehsil																
District:																
State:								PIN Code								
Phone No. with STD Code																
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Identification Ma	rks																			
(if any)																				
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Issuing Authority	,																			
15. Details of mar	nda	tory	/ ST	CW	fami	liariz	atio	n cc	ourses	; :			_							
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c) P.S.T. or PS Cert. No.	CRB								Date o Issue	f									
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Name of Institu	ute								I										
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	roved						e (in o	origin	DGS			form	at iss	sued					
17. Medical Fit	roved						e (in	origin	DGS	val N	0.	form	at iss	sued					
17. Medical Fit by DGS app Name of the De	roved						e (in o	origin	DGS appro	val N	0.	form		sued		Y	Y	Y	Y
17. Medical Fit by DGS app Name of the De Place of Issue  18. Category in applicable a) Certificated	octor  which  Office	appli	ed :	Cert	ners	tted (	Office	er/No	DGS appro	of Issu	o. ne	D D	D ers (S	M	M se ou				Y
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Certifica	te/ details	Ex-Na	val/	Coa	st Gu	uard I	rating	s, B.F			f Issue			M	M	Y	Y	Y	Y
Certificate Certif	ite/ details	Ex-Na	val/	Coa	st Gu	uard I	rating	s, B.F		Date of	f Issue			M	M	Y	Y	Y	Y
Certificate Certif	ite/ details	Ex-Na	val/	Coa	st Gu	uard (	rating	s, B.F		Date of	f Issue			M	M	Y	Y	Y	Y
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			-
		of	Fax No. of Master/Owner/
		service	Owner's authorized agent in India, who has issued sea service certificate
			service cerunicate
<ol> <li>I also affirm and declare Certificate-cum-Seafarer's Ident to any other Shipping Master in</li> <li>I am aware that, if at any t and the Shipping Master has re erroneous information, my Cl contained in Rule 10 of the Master in</li> </ol>	ime, I am found to have conceale asons to believe that I have obt DC will be cancelled/suspende Merchant Shipping (Continuous	d/ distorte i issued w not submi ed/distorte ained the	d.  ith a Continuous Discharge tted an application for CDC ed any material information CDC by presenting false or ith as per the provisions
Identity Document) Rules, 2001,	as amended.		
	Signature of the Applicant		
	Name of the Applicant		••••••
	EN SIGNATURES OF THE APPLICAN Eures are to be confined to each o		<u>es)</u>
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### **List of Enclosures:-**

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- 7.
- 8.
- 9.

Strike out whichever is not applicable.

## Annexure - 2 Appendix-B

## FORM - B

## APPLICATION FORM FOR RENEWAL/DUPLICATE/REPLACEMENT CDC

(This Appendix B is instructions to the applicants may be retained by the applicant and are not to be sent along with the application)

## I. INSTRUCTIONS TO APPLICANTS:

- (i) All the columns are mandatorily to be filled in.
- (ii) Application to be filled by the CDC holder in own handwriting
- (iii) Use CAPITAL letters only
- (iv) Use Black/Blue ball point pen only
- (v) Avoid over-writing
- (vi) Specimen signatures should be strictly within the box without touching the boundaries
- (vii) Envelope containing the application should clearly indicate whether the application is for Revalidation/ Duplicate/ Replacement CDC, on the top left hand side in block letters
- (viii) Applicable columns may only be filled-in and forwarded.
- (ix) All individual applications must be sent in the given format. Applications sent in any other format or incomplete or not containing relevant documents or not filled by CDC holder in own handwriting are liable to be rejected and non-refundable fee will not be adjustable for any other application.

### (x) NO APPLICATION WILL BE ACCEPTED IN PERSON

(xi) No fees to be paid for revalidation of CDC (CDC Stickers)

- (xii) Renewal Certificate will be given in the form of a sticker, which the CDC holder may affix on 'additional page for office use' in CDC. Original CDC is NOT to be forwarded to Shipping Master for revalidation of CDC.
- (xiii) Applications can be sent by Registered / Speed post / Courier service to the Shipping Master, From where the CDC was obtained i.e (1) Government Shipping Office, Nau Bhavan, 10. R.K. Marg, Ballard Estate, Mumbai 400 001. (Phone No. 022-2269 7971/ 2269 7972, Fax No. 022-22693053, Email: gsomumbai@dgshipping.com, (2) Government Shipping Office, Marine House, Hostings, Kolkata-700022, Phone-033-22230517/27, Fax-033-22230108, (3) Government Shipping Office, Anchor Gate Building, Rajaji Salai, Chennai-600001, Phone -044-25229674, Fax 044-25268550, as the case may be.
- (xiv) Xerox copies of relevant certificates / documents, as applicable, shall be submitted by the applicant, by self-attesting their certificates and other documents, along with their name in full and date of self-attestation there under.
- (xv) For duplicate and replacement CDC applicants Two passport size photograph (size 3.5 cm x 3.5 cm) in white shirt (in addition to the photo affixed). Name of the applicant should be written on reverse of the photographs.
- (xvi) Non-refundable fee of Rs.1000/- (Rupees One Thousand only) for Duplicate & Replacement CDC, is to be paid through Demand Draft from any nationalized bank in favour of Shipping Master, Mumbai, Kolkata, Chennai payable at Mumbai, Kolkata, Chennai as the case may be, to be enclosed. Original mutilated/ torn / damaged CDC is to be enclosed for issue of replacement.
- (xvii) The application for Replacement of CDC for the seafarers holding CDC which were issued under CDC Rules 1960 and/or not having the validity mentioned on it, shall be accepted for limited period upto 31.12.2012 only.
- (xviii) All the applicants are required to mandatorily register themselves as per Directorate's Notice No. 1 Computer Cell (INDOS)/2010-I dated 09.11.2011 and copy of the printout are to be enclosed with the CDC application failing which their CDC application shall be rejected.

### II. Following documents are to be enclosed alongwith the application Form:

## A) For revalidation of CDC (for CDC Sticker)

- i. 3 stamp size photographs in white shirt (size 3 cm x 2.5 cm) one should be affixed on the application form. Photo in uniform is not acceptable.
- ii. One self addressed post card
- iii. One self addressed envelope (size: 5" x 12") with Rs.50/- (Rupees Fifty only) postage stamp affixed (to forward revalidation CDC Sticker by speed post).
- iv. Xerox copy of CDC.

v. Copy of the profile registration print out under Directorate Notice No. 1 Computer Cell (INDOS)/2010-I dated 09.11.2011.

## B) For duplicate/replacement of CDC.

- i. Two passport size photographs (size 3.5 cm x 3.5 cm) in white shirt in addition to the photo affixed on the application form. Photo in uniform is not acceptable.
- ii. One self addressed post card.
- iii. One self addressed envelope (size 5 " x 12") with Rs.100/- postage stamp affixed (to forward the CDC by speed post).
- iv. Non-refundable fee of Rs.1000/- through Demand Draft in favour of Shipping Master, Mumbai payable at Mumbai.
- v. Attested copy of proper FIR (in case of duplicate CDC for loss of CDC cases)
- vi. Xerox copy of CDC, if available (For loss of CDC cases)
- vii. Attested copy of INDOS Certificate.
- viii. Attested copies of four basic STCW familiarization courses.
- ix. CDC in original. (For additional / Replacement CDC cases)
- x. Print out copy of registration of profile under Directorate Notice No. 1 Computer Cell (INDOS)/2010-11 dated 09.11.2011.
- xi. Copy of the profile registration print out under Directorate Notice No. 1 Computer Cell (INDOS)/2010-I dated 09.11.2011.



FORM - B (Revised-2011)

# GOVERNMENT OF INDIA MINISTRY OF SHIPPING GOVERNMENT SHIPPING OFFICE

## APPLICATION FORM FOR REVALIDATION /REPLACEMENT/ DUPLICATE CONTINUOUS DISCHARGE CERTIFICATE-CUM-SEAFARER'S IDENTITY DOCUMENT (CDC)

#### READ INSTRUCTIONS GIVEN IN APPENDIX-B CAREFULLY BEFORE FILLING UP THE APPLICATION FORM

FOR OFFICE USE ONLY							
File No. :	Category :						
Remarks:							
Name/Designation/Signature of D.	A Officer						

TO BE FILLED BY THE APPLICANT IN OWN HANDWRITING										
All the columns are to be filled neatly in BLOCK LETTERS (Use only A4 size paper for the format and enclosures).										
BANK DRAFT NoDated:	Affix here a recent Passport size  (3.5 cm X 3.5 cm)									
Amount : Rs	Photograph of the applicant in white shirt.									
Bank : Branch :										
1. Write the category of CDC										
amongst the following to which apply:										
a) REVALIDATION OF CDC (For CDC Renewal Sticker)										
b) <u>DUPLICATE CDC</u> (For the case of loss of CDC)										
c) <u>REPLACEMENT CDC</u> (For the CDC which are torn/mutilated/defaced/pages exhausted and seafarers who are in possession of a CDC issued under M.S. (CDC) Rules, 1960).										
2. Name of the candidate :										

						•	(as	s en	tered	l in Cl	DC)	•			•		•	•	•		
3. Details of CDC:	:																				
CDC No									Por	t of is	sue										
Date of Issue																					
D	D	M	M	Y	Υ	Υ	Υ														
4. FIR No:										Da	ted _										
Name of Police	Sta	atio	n: _						_Dis	t				Sta	te: _						
(Only for duplicate CDC in case of loss of original CDC)																					
5. Address to rece	eive	e Re	vali	date	d Ce	ertifi	icate	(CI	OC St	icker)	or C	DC b	y PC	)ST:							
House No.																					
Street:																					
Village/ Post																					
Office/ Tehsil																					
District:																					
State:									PI	N Cod	le										
Phone No. with STD Code																					
5. E-mail Address	:_											_	•	•		•		1	•	<u>'</u>	
7. Mobile No.																					
8. INDOS NO Date of issue :																					
9. Name, relation	shi	р&	ado	lress	of I	Vext	-of-	kin													
Name of Next of ki																					

Relationship															
House No.															
Street:															
Village/ Post															
Office/ Tehsil															
District:															
State:						P	IN Code								
Phone No. with STD Code															
10. Details of STCW famil	liariza	ation	COL	ırse	s :			D	D	M	М	Y	Y	Υ	Υ
a) Elementary First Aid							Date of				1	<u> </u>		<u> </u>	
or Medical First Aid or							Issue								
Medicare Cert. No.															
Name of Institute							l								
3							'		D	D	M	М	YY	, ,	Y ,
b) P.S.S.R. Cert. No.							Date of Issue								
Name of Institute							I								
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c) P.S.T. or PSCRB						1	Date of		_				-	· '	

Cert. No.					Issue								
Name of Institute					1								
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d) FP & FF or Advanced Fire Fighting Cert. No.					ate of sue								
Name of Institute					1								

## **DECLARATION**

I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief and nothing has been concealed/ distorted.											
2. I hereby submit that I	am the holder of CDC No	issued from the port of									
3. I am aware that, if at any time, I am found to have concealed/distorted any material information and the Shipping Master has reasons to believe that I have obtained the CDC by false or erroneous information, my CDC will be cancelled/suspended forthwith as per the provisions contained in Rule 10 of the Merchant Shipping (Continuous Discharge Certificate-cum-Seafarer's Identity Document) Rules, 2001, as amended.											
Place: Signature of the Applicant											
Date: Name of t	the Applicant										
SPEC	SPECIMEN SIGNATURES OF THE APPLICANT										
(Only	in case of Duplicate/ Replacement	: CDC)									
(Signatures are to be confined to each of the boxes)											
1	2	3									

## **List of enclosures**

- 1.
- 2.
- 3.
- 4.
- 5.
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