



ALEX MARITIME TRAINING CENTRE BANGKOK

www.shipregistration.co

ASSESSMENT FORM F-047

Affix
Passport
Size
Photograph

NAME: _____ D.O.B. _____

RANK : _____ PASSPORT No. _____ CONTACT No. _____

CERTIFICATES & LICENCES

S.No.	CERTIFICATE/ LICENCE	NUMBER	DATE OF ISSUE	PLACE OF ISSUE
1				
2				
3				
4				

REQUIRED CERTIFICATES

S.No	CERTIFICATE	NUMBER	DATE OF ISSUE
1			
2			
3			
4			
5			
6			
7			
8			

EXPIERENCE (LAST FIVE YEARS)

S.No	VESSEL	COMPANY	NRT/GRT	SIGN IN	SIGN OFF
1					
2					
3					
4					
5					
6					
7					
8					

Note: All self signed documents must be attached with this form

Signature of the candidate

Date:

.....

OFFICE USE

SIGNATURE:

Eligible for:

DATE OF ASSESSMENT:

OFFICER INCHARGE: