

FORM -1
APPLICATION FORM FOR
CONTINUOUS DISCHARGE CERTIFICATE-CUM-SEAFARER'S IDENTITY
DOCUMENT (CDC) FROM MARITIME TRAINING INSTITUTES CONDUCTING PRE-
SEA COURSES APPROVED BY THE DIRECTORATE GENERAL OF
SHIPPING, GOVERNMENT OF INDIA

To be filled by the applicant
 All the columns are to be filled neatly in BLOCK LETTERS
 (Use only A4 size paper for the format and enclosures).



Name of the Institute	B.P. MARINE ACADEMY					
Course Name	PRE SEA GP RATING					
Duration of the course	6 MONTHS					
Batch No	46					
10 TH STD. Passing Year & Certificate No.	2019 / 6640606					
10 th Board Name	GANDHINAGAR BOARD, GUJARAT STATE					
1. Name of the candidate	ANJARI SANJAYKUMAR RAMESHBHAI					
	(As entered in the Matriculation Certificate/Passport)					
2. Father's name	RAMESHBHAI PREMJI BHAI ANJARI					
3. Date of Birth	D	D	M	M	Y	Y
	1	7	0	1	0	4
	(as shown in SLC/Board Cert.)					
4. Place of Birth: As per Passport	MULDWARKA, GUJARAT					
5. Nationality:	Indian					

6. Gender:	Male		
7. Height in CMS	154 cm	8. Colour of Hair	BLACK
		9. Colour of Eyes	BLACK
10. Identification Marks (if any)	A MOLE ON RIGHT CHEST		
11. <u>Permanent Address:</u>			
House No :			
Street: PARAS CHOWK MULDWARKA			
Village/Post Office/Tehsil PARAS CHOWK MULOWARKA KODINAR, GIR SOMNATH			
District: GIR SOMNATH			
State		PIN Code	
GUJARAT		362720	
Phone No. With STD Code		E-mail address	
9328265282		anjarisanjay@gmail.com	

12. Name of the Next of Kin	GITABEN RAMESHBHAI ANJARI
13. Relationship with the Next of Kin	MOTHER

14. <u>Address of Next of Kin:</u>			
House No :			
Street: PARAS CHOWK MULDWARKA			
Village/Post Office/Tehsil PARAS CHOWK MULDWARKA KODINAR			
District: GIR SOMNATH			
State		PIN Code	
GUJARAT		362720	
Phone No. With STD Code		E-mail address	
9510118002		anjarisanjay@gmail.com	

15. Passport Details:

Passport No:	V 5877491
Date of Issue	21 12 2021
Date of Expiry	20 12 2031
Place of Issue	AHMEDABAD

16. Pre-sea Training Details:

Indos No.	22GM1987
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Sr. No	Name of the Course	Certificate No. & Date of Issue	Name of the Institute	Date of Commencement & Completion of Course	
1	BASIC STCW COURSE				
2	STSDSD				

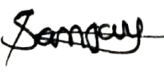
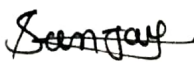
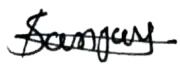
17. Medical Certificate Details:

Name of DGS Approved Doctor	DR. NIRMAL B. BARAIYA
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Date of Issue	11 02 2022
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Place of Issue	NEAR - DIU - DELWADA CIRCLE DELWADA
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Date of Validity	10 02 2023
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19. Space for specimen Signature of the Applicant:			
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