

20. Documents Attached (Marked ✓)

- (i) Computerized National Identity Card (CNIC) (Attested Photocopy)
- (ii) Machine Readable Seafarers' Identity Document (MRSID) (Attested Photocopy)
- (iii) Six Passport size Photographs. (Attested)
- (iv) Vision Test from Principal Officer Mercantile Marine Department (POMMD) (Attested Photocopy)
- (v) Medical Fitness from Port Health Officer (PHO). (Attested Photocopy)
- (vi) Domicile Certificate (Attested Photocopy)
- (vii) Two Character Certificates from Different Gazetted Officers (Original)
- (viii) Passport (Attested Photocopy)
- (ix) Matriculation/'O' Level Certificate or equivalent for Ratings. (Attested Photocopy)
- (x) Fsc. Certificate or equivalent for Cadets/Officers. (Attested Photocopy)
- (xi) PMA Professional Certificate for Cadets. (Attested Photocopy)
- (xii) Certificate of Eligibility from POMMD for Engineers & Technicians. (Attested Photocopy)
- (xiii) Certificate of Competency/Certificate of Service/Equivalent Certificate. (Attested Photocopy)
- (xiv) GP-III Qualification Certificate for Ratings. (Attested Photocopy)
- (xv) Mandatory Courses Certificates. (Attested Photocopy)
- (xvi) Fee Challan form (Original)
- (xvii) Existing CDC/SSB (Attested Photocopy)
- (xviii) Police Report/FIR in case of Loss of CDC/SSB (Original)
- (xix) Nikkahnama, Birth Certificate & Children Photographs in case of supernumerary. (Attested Photocopy)
- (xx) Any other documents (specify) (Attested Photocopy)

21. Declaration:

I. I the undersigned _____ the applicant hereby declare that:

- (i) I am not involved in any criminal case.
- (ii) I am not employee of the Government/Armed Forces.
- (iii) I am not holding CDC/SSB except as mentioned in this application.
- (iv) All information given by me is true to the best of my knowledge and belief. All documents, Certificate attached, produced in support of this application are quite genuine and in case found otherwise at any stage my SSB will be liable for cancellation and I will further stand liable for any other disciplinary action by the authority.

Date _____

Signature of Applicant

FOR OFFICIAL USE

Documents Checked
and found correct

Recommended/Not Recommended

Approved / Not Approved

(I/C SSB SECTION)

(DY.SHIPPING MASTER)

SHIPPING MASTER

ACKNOWLEDGMENT

Diary No. _____ Date of Receipt _____ Date for Medical _____

Date for fee Challan _____ Date for Finger Print _____ SSB Delivery Date _____