

# APPLICATION FOR DECK OFFICER EXAMINATION

DOC- 2/1

Candidate's Name :

D.O.B :

Father's Name :

Mother's Name :

CDC No. :

Previous CDC No. :

Passport No. :

Dos Reg. No. (MUST) :

Identification Mark :

Present Address :

Permanent Address (**Must**) (As Assessment):

Certificate Held :

Phone No.:

Candidate for :

**Subject wise Tick entry :**

Navi gation	Ship Const	Nav. Aid	Ship Bd. Opern.	Meteo rology	Eng C. Sys.	Ship Stab.	B/L	Signal	Oral			E/T
									Multi media	MCQ	Oral	

**Result & Last date if Pass Previously :**

Navi gation	Ship Const	Nav. Aid	Ship Bd. Opern.	Meteo rology	Eng C. Sys.	Ship Stab.	B/L	Signal	Oral			E/T
									Multi media	MCQ	Oral	

Status of Ancilliary Course :

Date :

Signature of the Candidate