



TO
CHIEF EXAMINER (DECK)
DEPARTMENT OF SHIPPING,
DIAKA.

SUB : APPLICATION FOR ADMISSION TO SHIP'S COOK EXAMINATION

NAME

DATE OF BIRTH.....

CDC NO

IDENTIFICATION ON MARK

.....

BRIEF RECORD OF SERVICE :

NAME OF SHIP	CAPACITY	FROM	TO	TOTAL

DOCUMENTS ATTACHED :

- 1)
- 2)
- 3)
- 4)
- 5)

DATE

SIGNATURE OF CANDIDATE