

# **DIRECTORATE GENERAL OF MERCHANT SHIPPING SRI LANKA**

## **GENERAL INSTRUCTIONS – APPLICATION FOR CERTIFICATE OF COMPETENCY**

Please read the following instructions carefully before filling up the application form.

### **General**

1. The application form must be completed in block letters. Incomplete application forms will not be processed.
2. Application should be submitted together with the certified copies of necessary documents after payment of examination fees.
3. Processing fee of Rs. 2,100/- must be paid for assessment of sea service. (USD 100/= for foreign nationals)
4. The processing fee is non-refundable and the application will not be processed unless the payment is made.
5. Examination fees should be paid after confirmation of eligibility by the appropriate examiner.

### **Medical Fitness Certificate**

1. Applicant must submit the medical fitness certificate in the prescribed medical form.
2. Medical fitness examination must be conducted by a registered medical practitioner approved by DGMS.

### **Seagoing Service**

1. All seagoing service entered must be supported by proper testimonials and appropriate entries in the seaman's discharge book / discharge certificate. Sea service must be certified by the Shipping officer.
2. Seagoing service testimonials must show the Period of Service, seniority on watch, the type and power of the propelling and auxiliary machinery and the nature of duties performed, where appropriate.
3. Seagoing service testimonials for engineering candidates must be signed by the Chief Engineer and counter-signed by the Master or Superintendent Engineer of the vessel.
4. Watch keeping certificates of navigating officers must be signed by the Master.
5. Seagoing service performed on foreign flag ships must be confirmed by the relevant Consulate or other official authority of that country.

# DIRECTORATE GENERAL OF MERCHANT SHIPPING

## APPLICATION FOR EXAMINATION OF CERTIFICATE OF COMPETENCY

### PARTICULARS OF APPLICANT

Name in Full (as in Passport, <u>underline surname</u> ) (block capitals)				
Passport No:	Date of Birth (DD/MM/YY)	Age	Country of Birth	Tel No.
Date of Issue				E-mail Address
Date of Expiry				
Postal Address:		CDC No.		Nationality
		Date of Issue:		NIC No:

### EXAMINATION REQUIRED (TICK AS APPROPRIATE)

<b><u>Written Examination</u></b>			
Master - Unlimited	<input type="checkbox"/>	Chief Engineer - Unlimited	<input type="checkbox"/>
Master - < 3000GT NCV	<input type="checkbox"/>	Chief Engineer - < 3000Kw NCV	<input type="checkbox"/>
Master - < 500GT NCV	<input type="checkbox"/>	Second Engineer - Unlimited	<input type="checkbox"/>
Chief Mate - Unlimited	<input type="checkbox"/>	Second Engineer - < 3000Kw NCV	<input type="checkbox"/>
Chief Mate - < 3000GT NCV	<input type="checkbox"/>	EWKO 750KW OR MORE	<input type="checkbox"/>
NWKO - Unlimited	<input type="checkbox"/>	EWKO (NCV)	<input type="checkbox"/>
NWKO - < 3000GT NCV	<input type="checkbox"/>		<input type="checkbox"/>
NWKO - < 500GT NCV	<input type="checkbox"/>		<input type="checkbox"/>
Rating Watch Keeping (NAV)	<input type="checkbox"/>	Rating Watch Keeping (E.R)	<input type="checkbox"/>
<b><u>Oral Examination</u></b>			
Master - Unlimited	<input type="checkbox"/>	Chief Engineer - Unlimited	<input type="checkbox"/>
Master - < 3000GT NCV	<input type="checkbox"/>	Chief Engineer - < 3000Kw NCV	<input type="checkbox"/>
Master - < 500GT NCV	<input type="checkbox"/>	Second Engineer - Unlimited	<input type="checkbox"/>
Chief Mate - Unlimited	<input type="checkbox"/>	Second Engineer - < 3000Kw NCV	<input type="checkbox"/>
Chief Mate - < 3000GT NCV	<input type="checkbox"/>	EWKO 750KW OR MORE	<input type="checkbox"/>
NWKO - Unlimited	<input type="checkbox"/>	EWKO (NCV)	<input type="checkbox"/>
NWKO - < 3000GT NCV	<input type="checkbox"/>		<input type="checkbox"/>
NWKO - < 500GT NCV	<input type="checkbox"/>		<input type="checkbox"/>
Rating Watch Keeping (NAV)	<input type="checkbox"/>	Rating Watch Keeping (E.R)	<input type="checkbox"/>

### PREVIOUS ATTEMPT

Yes <input type="checkbox"/>	Date Attempted:	Passed/Failed
No <input type="checkbox"/>		

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**CERTIFICATE OF COMPETENCY HELD (if any)**

Grade/ Class	Certificate No.	Issuing Authority	Date of Issue/ Date of Expiry	Qualifying Condition Met

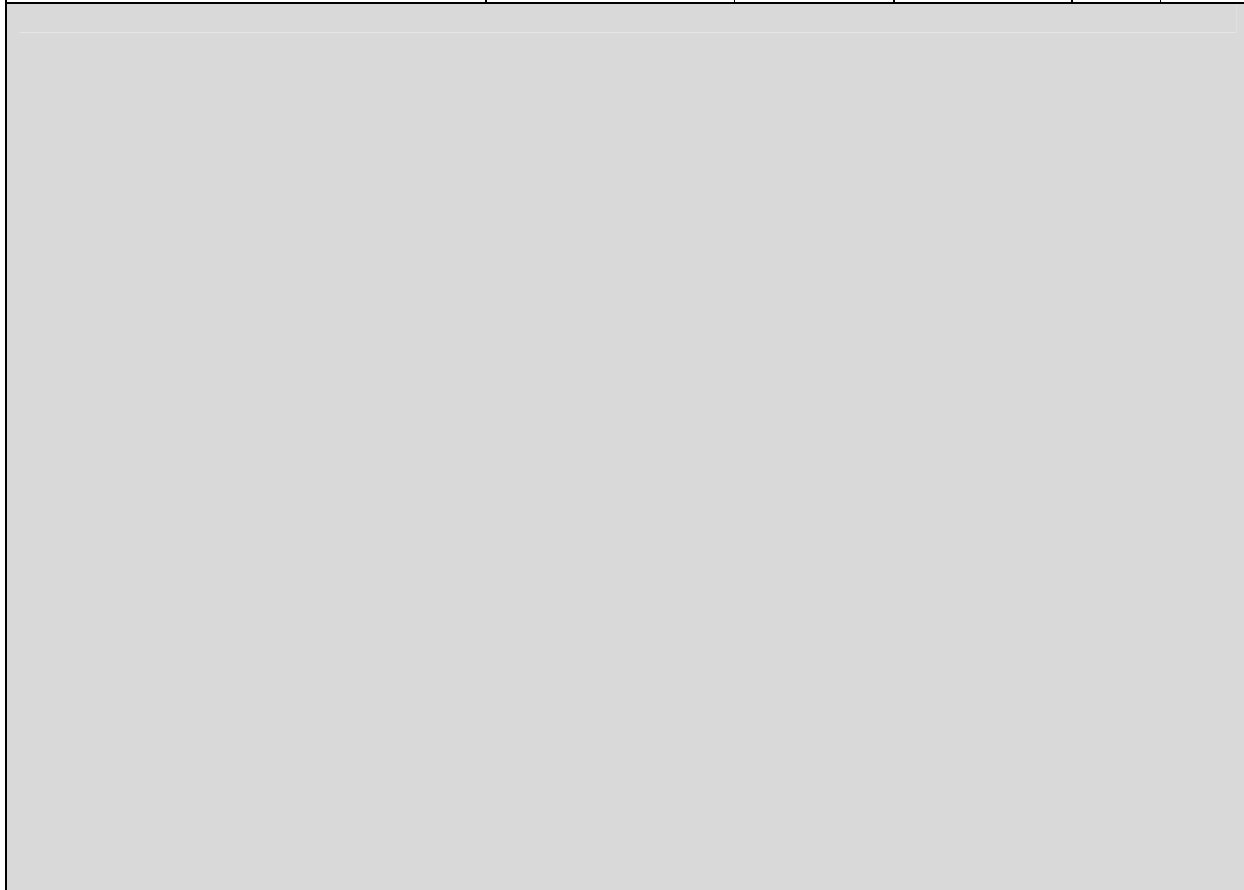
**ANCILLARY COURSE FOR CERTIFICATION**

Certificates held		Issuing Authority	Date of Issue	Certificate No	Date of Expiry
Basic safety Training	1. Personal Survival Techniques				
	2. Fire Prevention and fire fighting				
	3. Elementary First Aid				
	4. Personal Safety and Social Responsibility				
	5. Proficiency in Survival Craft and Rescue Boats				
	6. Advanced Fire Fighting				
	7. Proficiency in Medical First Aid				
	8. Colour Vision				
	9. Eye-Sight Test				
	10. Medical Fitness				
	11. Proficiency in Medical Care				
	12. Radar Observation and plotting				
	13. Electronic Navigation systems				
	14. Automatic Radar Plotting aid				
	15. Radar Simulator				
	16. Bridge/Engine resource Management				
	17. Ship handling and Manoeuvring Simulator				
	18. Navigational Watch keeping Simulator				
	19. Ship Security Officer				

## EDUCATION AND TRAINING

Academic /Technical Education / marine Engineering Courses Attended (Begin with the latest achievement)						
Name of Institute	Courses Attended	Duration of Course				Highest Qualification/ Certificate obtained
		From dd/mm/yy	To dd/mm/yy	M	D	

Training in Workshop Skills (Engine Department only)					
Name of Establishment	Type of Training	Duration of Training			
		From dd/mm/yy	To dd/mm/yy	M	D





**DECLARATION BY CANDIDATE**

NOTE: Any person who in connection with an application for or the issue of a certificate of competency or, in connection with the endorsement or extension of the validity of a certificate of competency makes a statement which he knows to be false or recklessly makes a statement which is false shall be guilty of an offense and shall be liable on conviction to a fine not exceeding Rs. 10,000 or to imprisonment for a term not exceeding 2 years or to both.

I hereby declare that the particulars contained in this application are correct and true to the best of my knowledge and certificates attached to the application are true and genuine documents, given and signed by the persons whose names appear on them. I further declare that the particulars of sea service are true and correct in respect of the whole of my service without exception, and that I make this Declaration conscientiously believing the same to be true.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received Rs. \_\_\_\_\_ as Processing Fee. Receipt No. \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

**CERTIFICATION BY EXAMINER**

I hereby certify that the applicant is qualified to be examined for \_\_\_\_\_

and is exempted from \_\_\_\_\_ Examination in accordance with the regulations relating to the Examination in force.

Date: \_\_\_\_\_

Examiner: \_\_\_\_\_

Applicant is required to attend the following courses:

- Personal Survival Techniques
- Fire Prevention and Fire Fighting
- Elementary First Aid
- Personal Safety and Social Responsibility
- Preparatory Course
- Medical Fitness Certificate
- Proficiency in Medical Care
- Electronic navigation System
- Radar Observation and plotting
- Radar simulator
- Ship Handling and Manoeuvring simulator
- Relevant Training record book to be produced
- Others

- Proficiency in Survival Craft and Rescue Boats
- Advance Fire Fighting
- Proficiency in Medical First Aid
- Shipboard Training & Assessment
- Workshop Training
- Colour Vision
- Navigation Watch Keeping Simulator
- Ship security Officer (Masters and Ch Officers only)
- Automatic Radar Plotting Aids
- Bridge/Engine resource management
- Controls