

**DIRECTORATE GENERAL OF MERCHANT SHIPPING
SRI LANKA**

GENERAL INSTRUCTIONS – APPLICATION FOR CETIFICATE OF COMPETANCY

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 **2100/-** 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 COMPETANCY

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)

<u>Written Examination</u>			
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 -<3000 Kw 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"/>		
NWKO -<500GT NCV	<input type="checkbox"/>		
Rating Watch Keeping (NAV)	<input type="checkbox"/>	Rating Watchkeeping (E.R)	<input type="checkbox"/>
<u>Oral Examination</u>			
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 -<3000 Kw NCV	<input type="checkbox"/>
Chief Mate - <3000GT NCV	<input type="checkbox"/>	EWKO 750 KW OR MORE	<input type="checkbox"/>
NWKO - Unlimited	<input type="checkbox"/>	EWKO (NCV)	<input type="checkbox"/>
NWKO -< 3000GT NCV	<input type="checkbox"/>		
NWKO -<500GT NCV	<input type="checkbox"/>		
Rating Watch Keeping (NAV)	<input type="checkbox"/>	Rating Watchkeeping (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	Proficiency in Survival Craft and Rescue Boats
Fire Prevention and Fire Fighting	Advance Fire Fighting
Elementary First Aid	Proficiency in Medical First Aid
Personal Safety and Social Responsibility	Shipboard Training & Assessment
Preparatory Course	Workshop Training
Medical Fitness Certificate	Colour Vision
Proficiency in Medical Care	Navigation Watch Keeping Simulator
Electronic navigation System	Ship security Officer (Masters and Ch Officers only)
Radar Observation and plotting	Automatic Radar Plotting Aids
Radar simulator	Bridge/Engine resource management
Ship Handling and Manoeuvring simulator	Controls
Relevant Training record book to be produced	
Others	

