

# OCEANIC STARLINE SHIPPING PVT. LTD

## Application Form

Sr. No

TRADE APPLIED FOR		Date		
First Name	Sur name	Sex	Age	
Date Of Birth	Place of Birth			
Marital Status	No Of children	Next of kin		
Present Address		Permanent Address		
Tel. No	Tel.No			
Email ID	Height	Weight	Blood group	
IN CASE EMERGENCY	Mumbai	Other		
Contact Person				
Relation				
Number				
DOCUMENTS	Number	Place of Issue	Date of Issue	Date of Expiry
Passport				
C.D.C				
Driving license				
ACADEMIC/TECHNICAL QUALIFICATION				
Examination Passed	Institution/Board/University	Grade	Duration	Year Passed
WORK EXPERIENCE (If any)				
Name of Employee	From	To	Position Held	Country
LANGUAGES KNOW				
English	Hindi	Others	SIGN OF APPLICANT	

### FOR OFFICE USE ONLY

TRAINING DEPT: \_\_\_\_\_ GRADE: \_\_\_\_\_

TECHNICAL DEPT: \_\_\_\_\_ GRADE: \_\_\_\_\_

EVALUATION REPORT: \_\_\_\_\_ GRADE: \_\_\_\_\_

Batch No.	Date From	Trainee PIN
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Please attach Copies of your testimonials

