CURRICULUM VITAE

SUBHAM SINGH MOBILE: 7738818423

EMAIL: 31shubham1999@gmail.com

POST APPLIED FOR: OS

OBJECTIVE:

TO OBTAIN CADETSHIP TO IMPART BEST OF MY KNOWLEDGE IN YOUR FIRM.

DOCUMENTS AND CERTIFICATES:

DOCUMENTS	NUMBER	DATE OF ISSUE	PLACE OF ISSUE
INDIAN CDC	MUM 431453	04/06/2021	MUMBAI
PASSPORT	U4643729	02/03/2020	MUMBAI
INDOS NUMBER	21ZM3659	09/04/2021	MUMBAI

CERTIFICATES	NUMBER	DATE OF ISSUE	PLACE OF ISSUE
EFA	2070436101210116	19/04/2021	MUMBAI
PSSR	2070436101210116	19/04/2021	MUMBAI
FPFF	2070436101210116	19/04/2021	MUMBAI
PST	2070436101210116	19/04/2021	MUMBAI

EDUCATION:

STANDARD (YEAR)	INSTITUTE	BOARD	GRADE/PERCENTAGE
HSC	KARNATAKA STATE COUNCIL OF INTERMEDIATE AND HIGHER EDUCATION	STATE BOARD	61.50%
SSC	KENDRIYA VIDYALAYA LONAVALA	CBSE	50%

EXPERIENCE

SHIP NAME	PLACE	DATE/ON	DATE/OFF
MV/NAMO	TURKEY	01/11/2022	10/04/2023

PERSONAL DETAILS:

GENDER: MALE

NATIONALITY: INDIAN DOB: 19/02/1999

LAUNGUAGES: HINDI,ENGLISH FATHER S NAME: MAHIPAL SINGH



Naval Maritime Academy West

MAMAC	INS Kunja	ali, R C Chur	ch, , ,Opp. Kend	riya Vidyalaya No.3,,Colaba,
City: Mumbai	District : Mumbai	State	: Maharashtra	Pin :400005
MTI No. : 207043	Tel : 09372535595	Fax	: 22185103	E-mail: namac@namacindia.com
THIS IS TO CERTI	FY THAT Singh Subham			
Date of Birth	19/02/1999 (dd/mm/yyyy)	<u> </u>		
Indian National Da	abase of Seafarers (INDoS No	o.)	21ZM3659	-
has successfully co	empleted a training course held	from	10/05/2022	to 11/05/2022 for:
	ghting, Elementary	First A		Techniques, Fire Prevention a resonal Safety and Social
	/I/1 Para 2.1, Table A-VI/1-			ts the requirements laid down in Regulation . le A-VI/1-3 & Table A-VI/1-4 of the STC
This certificate is Waterways, Gove		the Direct	torate General	l of Shipping, Ministry of Ports, Shipping ar
Date of Issue :	11/05/2022			Date of Expiry : NA
				Digitally signed by KIRTIKUMAR SHANKAR SHETTY Date: 2022.05.17 15:50:32 +05:30
Signature of	of Candidate			Name and Signature of Course In-charge
				Capt. Kirtikumar Shankar Shetty
				Digitally signed by NARAYANA NIPPANI RAO Date: 2022.05.18 11:30:10 +05:30 Name and Signature of Dean / Principal Cmde Narayana Nippani Rao

Note This Part 'B' certificate is generated in accordance with DGS Order 17 of 2021 dated 01.05.2021 valid for a period of Unlimited from the date of issue of Part 'A' certificate



Naval Maritime Academy West

INS Kunjali, R C Church, , Opp. Kendriya Vidyalaya No.3,,Colaba,

City	: Mumbai	Distr	ict : Mumbai	State	: Maharashtra		Pin	:400005
MTI No.	:207043	Tel	: 02222151790	Fax	: 22153516	E-mail : nama	c@namacindia.com	
THIS	S TO CE	RTIFY THAT	Singh Subham					
Date o	of Birth	19/02/19	99 (dd/mm/yyyy)					
Indian	National	Database of S	eafarers (INDoS	No.)	21ZM3659	_		
has su	ıccessfull	y completed a	training course he	eld from	22/04/2021	to 23/04/2021	for :	
	Certi	ficate of			curity Tra	aining for Se Duties	eafarers w	ith
parag	raph 4 to	6, Section A-\	/I/6 Paragraph 6	to 8 and Tab	le A-VI/6-2 of	the requirements lathe STCW Conventivention, applicable to	on, 1978, as ame	ended. Th
		is issued undovernment of	•	of the Direc	torate Genera	al of Shipping, Mini	stry of Ports, Sh	ipping an
Date o	of Issue :	24/04/2021	_			Date of Expiry :	NA	
		Endral .				Digitally signed b MASCAREHNAS Date: 2021.04.26	y MELROY J R S 3 17:22:21 +05:30	
	Signatu	re of Candidat	e			Name and Signature	e of Course In-cha	arge
						Capt. Melroy Joseph	n Roma Mascarer	ıhas
						Digitally signed b NIPPANI RAO Date: 2021.04.26 Name and Signatur	6 17:48:25 +05:30	 ipal
						Cmde Narava	na Nippani Rao	

टीके अथवा रोगनिरोधन का अंतरराष्ट्रीय प्रमाण-पत्र INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS CERTIFICATE INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

m.		राष्ट्रीय पहचान पत्र, यदि आवश्यव , national identification documen document d' idenfication nation	A. A.		
le nationalite जसके इस्ताक्षर यहाँ दिये गये है se signature follows	110	document d' idenfication nation	al, le cas échéant	13.72.9	
s on the date indicate ternational Health Reg	d been vaccinate	काकरण किया गया है (भीमारी का नाम) पीत ज्व d or received prophylaxis agai ylactiques ála date indiquée cont	nst : (name of disease or cond		
टीके/रोगनिरोधन का नाम	तारीख	दीका लगाने वाले के	टीकं/रोगनिरोधन का	प्रमाण पत्र की वेबला	टीका लगाने वाले केंद्र
Vaccine or	Date	हरलाक्षर और उसका	निर्माता और उसकी	# 1	भी सरफारी मोहर
Prophylaxis. Vaccin ou agent Prophyactique.		Signature and professional status of supervising clinician. Signature et titre du clinicien responsible.	Manufacturer and batch no, of vaccine or prophylaxis. Fabricant du vacen ou de l'agent prophylactique et numero du lot.	Certificate valid from : until : Certificate valable a partier du : jusqu'qu :	Official stamp of the administering centre. Cachet official du centre habilite.
YELLOW FEVER VACCINE	S. Marie S.	Cufun के.के.यु. हॉ. मुहब्बद कासिम के.के.यु. DR. MOHAMMED KASIM K. K. U. चिकित्सा अधिकारी	Institute of Technology ea Imunobiologicals Bio-Manguinhos, Brasti	प्रमाण प्रश्न वैधना CERTIFICATE VALID	2021
/AC				R/FROM 1 E IIII	TEALTY.
YELLOY	5	MEDICAL OFFICER पोत पत्तम स्वास्थ्य संगठम		तक - दीका जिसे व्यक्तिके आसीवन	2021



Baart sarkar GOVERNMENT OF INDIA

naaivakaMka Baartiya raYTk/a DaTabasa

INDIAN NATIONAL DATABASE OF SEAFARERS

nava Bavana, 10, ramjal Baa[- kamanal maaga,
NAU BHAVAN, 10, R.K. MARG
badaaD-[STot / BALLARD ESTATE, madba[-/ Mumbai - 400 001

F@sa / Fax: (9122) 22618078 [-mda / E-Mail: lbsindos@vsnl.net

pinaaiNat ikyaa jaata h0ik Eal

This is to certify that Mr.\Mrs.\Miss. SINGH SUBHAM

jamaitiqa sal. Dl. sal. salk pasapat-salk **Date of Birth** 19/02/1999 **C.D.C. No.:** MUM 431453 **P.P. No.** -

(jaarl krnavaalaa d**s**a) kao [**D**asa saW. AavaWit ikyaa gayaa h0.

of (issuing Country) INDIA has been allotted INDoS No : 21ZM3659

Address :

City COLABA,

State: MAHARASHTRA

Postal Code 400005

Phone No. :7738818423

jaarl krnaokl itiqa Date of issue

Computer generated certificate, signature is not required.

भारत गणराज्य / REPUBLIC OF INDIA

टाईप / Type

कोड / Gode IND राष्ट्रीयता / Nationality भारतीय / INDIAN पासपोर्ट न. / Passport No.

U4643729



W/

उपनाम / Surname

SINGH

दिया गया नाम / Given Name(s)

SUBHAM

जन्मतिथि / Date of Birth

19/02/1999

जन्म स्थान / Place of Birth

लिंग / Sex

M

MUZAFFARNAGAR, UTTAR PRADESH

जारी करने का स्थान / Place of Issue

MUMBAI

जारी करने की तिथि/ Date of Issue

02/03/2020

समाप्ति की तिथि / Date of Expiry

01/03/2030

P<INDSINGH<<SUBHAM<<<<<<<<<>U4643729<3IND9902196M3003013<<<<<<<

पिता / कानूनी अभिभावक का नाम/ Name of Father / Legal Guardian

MAHIPAL SINGH

माता का नाम/Name of Mother

BEENA SINGH

पति या पत्नी का नाम / Name of Spouse

पता / Address

R 21-10 B, NEW NAVY NAGAR

COLABA, MUMBAI

PIN: 400005, MAHARASHTRA, INDIA

पुराने पासपोर्ट का न. और इसके जारी होने की तिथि एवं स्थान/ Old Passport No. with Date and Place of Issue

फाईल न / File No.

B03064558597620



GOVERNMENT OF INDIA भारत सरकार



बलत छन्मोधन प्रमाणपत्र) नियम, 2017 के यह चलत उन्मोचन प्रमाणपत्र

ued under Merchant Shipping (Continuous Discharge Certificate) the International This Continuous Discharge Certificate Rules 2017 and is in conformity wi

भारत सरकार / GOVERNMENT OF INDIA

सीफेयरर का पूरा नाम / Name of Seafarer in full

SINGH SUBHAM



सीफेयरर के हस्तावर Seafarer's Signature सी.डी.सी. संख्या / CDC No.

MUM 431453

शिपिंग मान्टर कार्यालय/Shipping Master Office MUMBAI

समाप्ति की तिथि / Date of expiry

जारी करने की तिथि / Date of issue 04/06/2021

03/06/2031

जन्मतिथि / Date of birth

19/02/1999

जन्मस्थान / Place of birth MUZAFFARNAGAR

राष्ट्रियता / Nationality

FIF I Sex

उँचाई (कद) से.मी. में / Height in Cms :

155

आंखों का / बालों का रंग : Colour of eyes / Hair : _

Black

Indian

Black

इन्डोस सं. / INDoS No. : _

21ZM3659

पहचान चिन्ह /

A mole on right -

side back

प्रमाणपत्र के व्योरे Details of Certificates

				100					ter.			
9 97 9	Pate and Place of Issue	19/04/2021	Carolina College of the College of t	24/04/2021	N. C.				AND SELECTOR DESCRIPTION OF THE	ENT OF INDIA		
Tribia	Number	2070436101210116	Academy West	4112/1110	demy West		The same of the sa		ICIVIADO ON	TATATE NIT (1
प्रमाणपत्र का नाम	Name of the Certificate	STCW-BASIC 207043	Naval Maritime Acad	STSDSD 2070436621210167	Naval Maritime Academy				To the last of the			

प्रमाणपत्र के स्वीर

Details of Certificates

प्रमाणपत्र का नाम Name of the Certificate	संख्या Number	ज़री करने की तारीख और स्थान Date and Place of Issue
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A CONTRACTOR OF THE SECOND		
CONTINUISINISINISCHAR	ISCHAR	SIGERIALISMS
GOVER		FINDIA

सीफेयरर का स्थायी पता PERMANENT ADDRESS OF SEAFARER

R 21-10 B, New Navy Nagar,
Colaba,

Mumbai, Maharashtra, 400005

टेलीफोन नं. (यदि कोई हो) / Tel. No. (If any)

7738818423

ई-मेल (यदि कोई हो) / E-mail (If any)
31 shubham 1999 agmail.com

सीफेयरर का निकट सम्बन्धी NEXT OF KIN OF SEAFARER

नाम / Name Mr. Mahipal Singh

सम्बन्ध / Relationship Father

पता / Address R 21-10 B,

New Navy Nagar, Colaba,

Mumbai Maharashtra 400005

टेलीफोन नं. (यदि कोई हो) / Tel. No. (If any)

7045667248

ई-मेल (यदि कोई हो) / E-mail (If any)

31shubham1999agmail.com



