



APPLICATION FOR POSITION AS	Assistant Motorman	OTHER POSITION (IF ANY)	Training (Motorman / Wiper)
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01. PERSONAL DETAILS

TITLE MR/MRS/MISS	MR	SEX	MALE <input checked="" type="checkbox"/>	FEMALE <input type="checkbox"/>
SURNAME	ESSA			
FIRST NAME	ABD EL-MAGED	OTHERS NAMES	RAMADAN ABD EL-MAGED	
DATE OF BIRTH	17 th Aug 1998	PLACE OF BIRTH	ALEXANDRIA, EGYPT	
NATIONALITY	EGYPTIAN	MARITAL STATUS	SIGNAL	
COLOUR OF EYES	BLACK	COLOUR OF HAIR	BLACK	
HEIGHT (CM)	172 CM	WEIGHT (KG)	70 KG	
MANDATORY MILITARY SERVICE	COMPLETED			
NEAREST INTERNATIONAL AIRPORT:		ALEXANDRIA, BORG EL ARAB		

02. ADDRESS

ADDRESS (TEMP.) FROM/TO:

PRESENT ADDRESS	4 AMAD ELDEIN ALI KAMAL BORG ALFATAH 2 nd floor, flat # 4				
CITY	ALEXANDRIA	COUNTRY	EGYPT		
LAND LINE (1)	+2 03 3595836	LAND LINE (2)	+2 03 5579958	MOBILE	+ 2 01206868866
Watsapp.	+ 2 01206868866				
E-MAIL	Abdoissa932@yahoo.com				

03. NEXT OF KIN

FULL NAME	RAMADAN ABD EL-MAGED ESSA			RELATIONSHIP	FATHER
ADDRESS	SAME AS ABOVE				
CITY	SAME AS ABOVE			COUNTRY	SAME AS ABOVE
LAND LINE	SAME AS ABOVE	MOBILE	+ 2 01006920206		

04. TRAVEL DOCUMENTS

TYPE	DOCUMENT NO.	ISS.DATE	EXP. DATE	ISS. BY (AUTHORITY)	PLACE OF ISSUE
PASSPORT	A28479281	15 July 21	14 July 21	GOVT OF EGYPT	ALEXANDRIA, EGYPT
SEAMAN BOOK	S00025289	14 Sep 22	10 Sep 22	GOVT OF EGYPT	ALEXANDRIA, EGYPT

05. EDUCATION

SCHOOL NAME	Naval shipyard diploma at Alexandria Electrical installations department	FROM	2013	TO	2016
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06. LANGUAGES

ENGLISH	FLUENT	<input checked="" type="checkbox"/>	GOOD	<input type="checkbox"/>	FAIR	<input type="checkbox"/>	POOR	<input type="checkbox"/>
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07. HEALTH CERTIFICATES & VACCINATIONS

FLAGE STATE	NUMBER	ISSUE DATE	EXPIRY DATE	ISSUED BY (AUTHORITY)	ISSUED AT
INTERNATIONAL		07.02.2023	06.02.2025	GOVT OF EGYPT	Alexandria
YELLOW FEVER		07-02-2023	NA	MINISTRY OF HEALTH	Alexandria

08. MARINE COURSES

COURSE NAME	NUMBER	ISSUE DATE	EXPIRY DATE	ISSUED BY (AUTHORITY)	ISSUED AT
Basic safety training	31934/22/EG	09 Oct 2022	17 Oct 2027	Arab Academy	EGYPT
Personal survival techniques	31934/22/EG	09 Oct 2022	17 Oct 2027	Arab Academy	EGYPT
Fire prevention and fire fighting	31934/22/EG	09 Oct 2022	17 Oct 2027	Arab Academy	EGYPT
Elementary first aid	31934/22/EG	09 Oct 2022	17 Oct 2027	Arab Academy	EGYPT
Personal safety and social responsibilities	31934/22/EG	09 Oct 2022	17 Oct 2027	Arab Academy	EGYPT
Proficiency of security awareness training for seafarers with designated security duties	32065/22/EG	25 Oct 2022	23 Oct 2027	Arab Academy	EGYPT
PROF. IN SURVIVAL CRAFT & RESCUE BOATS		02 Feb 2023	04 Feb 2023	Arab Academy	EGYPT
Engineering watch		02 Feb 2023	-----	Arab Academy	EGYPT
PSSR					EGYPT

Officer Application Form		Ref .No	
		(For Official Use)	
Medical History			
Have you ever signed off from a ship due to medical reasons?			NO
(If yes give details)			*yes/no
Name of Vessel		Date of occurrence (dd-mmm-yyyy)	
Brief Description Of illness/Injury/Accident			
Details			
Have you ever suffered from any ailment or disease in the past that is likely to render you unfit for sea service or likely to endanger the health /well being of others onboard?		NO	
(If Yes give details)	*Yes/No		
Details			
Do you have any bodily defects or deficiencies?		NO	
(If Yes give details)	*Yes/No		
Details			
Are you currently suffering from any ailment or disease that is likely to render you unfit for sea service or likely to endanger the healthy /well being of others onboard?		NO	
(If Yes give details)	*Yes/No		
Details			
Are you addicted to alcohol or drug of any kind?		NO	
(If Yes give details)	*Yes/No		
Details			
Are you suffering from an ailment that requires you to be on a long -term treatment/medication?		NO	
(If Yes give details)	*Yes/No		
Details			
Have you ever deported or banned from entering any country?		NO	
(If Yes give details)	*Yes/No		
Details			
Have you ever been convicted of a criminal or drug offence or have any pending offences?		NO	
(If Yes give details)	*Yes/No		
Details			
Do you have any obligations towards your current/previous employers?		NO	
(If Yes give details)	*Yes/No		
<p>I hereby affirm that all the information provided by me in this application is true and correct to the best of my knowledge and belief; further, that no certificate of competency or License issued to me has ever been Revoked or Suspended. I also certify that my medical history contained above is true and any false statement or undisclosed Material information about past illness or injury will disqualify me from any employment benefits and claims.</p>			