

GOVERNMENT OF INDIA
MINISTRY OF SHIPPING

APPLICATION FORM FOR SEAFARERS IDENTITY DOCUMENT (SID).

READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING THE APPLICATION FORM

APPLICATION NO:

16449947



INDOS & CDC Details

INDOS NO. :	23ZQ6690	Date of Issue :	
CDC NUMBER :	MUM 554317	ISSUING DATE :	27/5/24
CDC DATE OF EXPIRY :	26/5/34	ISSUING AUTHORITY :	

PERSONAL DETAILS

NAME :	AMRAT LAL	FATHER'S NAME :	KONDLA
SEX :	Male	DATE OF BIRTH :	16/9/06
NATIONALITY :	Indian	PLACE OF BIRTH :	KONDLA
Email Address :	lalamrat722@gmail.com		
Mobile No :	8239448746		
Height :	167	Identification Marks :	A mole on the right cheek

ADDRESS

House No. :	kondla		
STREET :	khela bugurg	VILLAGE POST TEHSIL :	mahwa
DISTRICT :	dausa	STATE :	Rajasthan
PINCODE :	322240	PHONE No :	07461
NEAREST POLICE STATION :	salempur		

have you ever applied for SID before ☐ Yes ☒ No

Have you been at any time debarred for obtaining

a. CDC ☐ Yes ☒ No

b. SID ☐ Yes ☒ No

Please select documents which you have

a. Passport ☒ Yes ☐ No

b. CDC ☒ Yes ☐ No

DECLARATION

1. I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief and nothing has been concealed/distorted.
2. I also affirm and declare that I have not previously been issued with a Seafarer's Identity Document (SID) and I have not submitted an application for SID to any other Shipping Master in India.
3. I am aware that, if at any time, I am found to have concealed/distorted any material information and the Shipping Master has reason to believe that I have obtained the SID by presenting false or erroneous information, my SID will be cancelled/suspended forthwith as per the provision of Merchant Shipping (Seafarer's Identity Document) Rules, 2016, as amended.

Place :

Signature of the Applicant :

Date :

Name of the Applicant : AMRAT LAL