



सत्यमेव जयते

भारत सरकार / GOVERNMENT OF INDIA
परिवहन विभाग / MINISTRY OF SHIPPING
संयुक्त परिवहन विभाग / DIRECTORATE GENERAL OF SHIPPING

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“ • जहाज भवन • ” / “JAHAZ BHAVAN”

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M.S. Notice 24 of 2012

F.No. 3(8)CR-2006

Dated: 04.12.12

Sub: Application form for a new Continuous Discharge Certificate (CDC) – cum – Seafarers Identity Document (SID) and its, renewal / duplicate/replacement (other than to the candidates who have undergone DGS approved pre-sea training courses) –

In pursuance of Sub-clause (2) of Rule 3 of the Merchant Shipping (MS) CDC Rules, 2001, the guidelines for the issuance of fresh CDCs (other than to candidates who have undergone the Directorate General Shipping (DGS), Govt. of India's approved pre-sea training courses from maritime training institutes) and for their renewal/duplicate/replacement CDCs, including the applicable application forms in Forms A and B, respectively, were promulgated vide the **M.S. Notice No. 08 of 2012** (F.No.3 (8)CR-2006) dated 19.03.2012 by the DGS,GOI.

2. Directions have been given in the said Forms A & B, to submit such applications along with the copies of the relevant certificates/documents of the applicant, duly attested by a Gazetted Officer of the Govt. The DGS has received concerns from various quarters on the difficulties in arranging an attestation from a Gazetted Officer of the Govt., for this purpose, especially by seafarers from rural/mofussil backgrounds. Therefore, in order to streamline the procedure and ease/facilitate the associated formalities for applying for a new CDC (other than to candidates who have undergone DGS approved pre-sea training courses from maritime training institutes) and for their renewal/duplicate/replacement CDCs, the requirement of an attestation of certificates/relevant documents of the applicants by a Gazetted Officer of the Govt. is hereby dispensed with and such applicants are directed to submit such applications, henceforth, by self-attesting their certificates and other documents, along with their name in full and date of self-attestation there under. The said revised Forms A & B, along with such guidelines, enclosed with this notice, (Annexure-1:10 pages and Annexure-2: 6 pages, respectively), shall come into force with an immediate effect.

3. This issues with the approval of the Director General of Shipping & ex-officio Additional Secretary to the Government of India.

Encl: As above.

(C.Rethinadhas)
Deputy Director General of Shipping (Crew)

Annexure – 1
Appendix A

FORM - A

INSTRUCTIONS FOR APPLICATION FORM FOR FRESH CDC

GENERAL INSTRUCTIONS :

- I. **Ensure your eligibility as per M.S. CDC Rules, 2001 & DGS Orders, M.S. Notices, Circulars issued subsequently from time to time, before filling up Form.**
- II. **Column No. 1 to 17 are mandatorily to be filled in.**
- III. Use capital letters only
- IV. Use Black/Blue ball point pen only
- V. Avoid over-writing
- VI. Specimen signatures should be strictly within the box without touching the boundaries
- VII. Envelope containing the application should clearly indicate the category of CDC applied for, on the top left hand side in block letters
- VIII. Column No. 1 to 18 and Declaration / List of Enclosures and Specimen Signatures are common to all applicants, which are to be completed and forwarded. Column No. 19 (a to c) is applicable depending on the category of CDC being applied for and only the concerned entries relevant to the applicant may be filled-in and forwarded.
- IX. All individual applications must be sent in the given format. Applications sent in any other format or incomplete or not containing relevant documents or not filled by the applicant in own handwriting are liable to be rejected.
- X. **NO APPLICATION WILL BE ACCEPTED IN PERSON**
- XI. Applications can be sent by Registered / Speed post / Courier service to :
The Shipping Master, Government Shipping Office, Nau Bhavan, 10, R.K. Marg,

Ballard Estate, Mumbai - 400 001. (Phone No. 022-2269 7971/ 2269 7972, Fax No.

022-22693053, Email: gsomumbai@dgshipping.com).

ISSUE OF CDC DOES NOT GUARANTEE A JOB, WHICH IS THE PREROGATIVE OF THE EMPLOYERS

SPECIFIC INSTRUCTIONS AND GENERAL INFORMATION FOR OBTAINING CDC

1. Instructions to the applicants and General information about CDC may be retained by the applicant and are not to be sent along with the application.
2. CDCs in respect of Cadets, TMEs, Petty Officers and Ratings who have undergone pre-sea training courses approved by DGS shall be forwarded by the Training Institutes in accordance with the M.S. Notice 18 of 2002 dated 5th September, 2002 and 4 of 2007 dated 9.4.2007. Individual applications in respect of these candidates will not be entertained by the Shipping Master.

3. Xerox copies of relevant certificates / documents, as applicable, shall be submitted by the applicant, by self-attesting their certificates and other documents, along with their name in full and date of self-attestation there under.

(NO ORIGINAL CERTIFICATES/ DOCUMENTS ARE TO BE SENT ALONGWITH THE APPLICATION FORM. HOWEVER, THE SHIPPING MASTER IS AT LIBERTY TO DEMAND PRODUCTION OF ORIGINAL OF ANY OF THE DOCUMENTS / CERTIFICATES SUBMITTED BY THE APPLICANTS AND VERIFY THE SAME WITH THE ISSUING AUTHORITY, IF DEEMED NECESSARY BY HIM)

4. All the applicants are required to mandatorily register themselves as per Directorate's notice no. 1 Computer Cell (INDOS)/2010/1 dated 09.11.2011 and DGS Circular No. 01 of 2012 dated 13.03.12 were enclose with application for CDC a print out copy of their registration under the said notice, failing which their CDC application shall be rejected.

FOLLOWING DOCUMENTS DULY ATTESTED ARE TO BE ENCLOSED ALONGWITH THE APPLICATION FORM.

1. Copies of 4 STCW modular courses
2. Copy of INDOS
3. Copy of S.S.C. Certificate with mark list.
4. Copy of CoC/Degree/Diploma with mark list /Orientation Course Certificate (for Cooks)/CoS/IN 271/Release Certificate for Ex-Naval/Coast Guard/MEO-CL.IV/NCV/CoP Watchkeeping/GMDSS, etc. as the case may be.
5. Medical fitness certificate, in original.
6. Two passport size photographs (3.5 cm X 3.5 cm) in white shirt (in addition to the photo affixed). Name of the applicant should be written on reverse of the photographs).
7. One self-addressed Post Card with Rs. 5/- Postage Stamp affixed on it.
8. One self addressed envelope (size: 5" x 12") with Rs.50/- (Rupees Fifty only) postage stamp affixed (to forward the CDC to the applicant by speed post.
9. Non-refundable fee of Rs.500/- (Rupees Five Hundred only) vide Account Payee Demand Draft drawn in favour of Shipping Master, Mumbai payable at Mumbai. (Demand Draft should be kept on top of the application).
(Please write your name on the reverse side of the D.D.)
10. Copy of the profile registration print out under Directorate Notice No. 1 Computer Cell (INDOS)/2010-I dated 09.11.2011.
11. Copy of valid passport.

N.B. : This Form is available free of cost in all Government Shipping Offices and Offices of the Mercantile Marine Departments. The Form can also be downloaded from www.dgshipping.com The list of Medical Examiners approved by DGS and courses approved by DGS are also available at www.dgshipping.com and <http://dgshipping.nic.in>.

The person who fulfill the eligibility criteria for issuance of a CDC as per M.S. CDC Rules 2001 & DGS Orders/M.S. Notices/DGS Circulars issued upon that from time to time, may apply. The incomplete applications or the applications not having appropriate documents or not filled by the applicant himself/herself shall not be entertained and rejected.



Form-A
(Revised-2011)

GOVERNMENT OF INDIA
MINISTRY OF SHIPPING
GOVERNMENT SHIPPING OFFICE

APPLICATION FORM FOR
CONTINUOUS DISCHARGE CERTIFICATE-CUM-SEAFARER'S IDENTITY
DOCUMENT (CDC)

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE FILLING UP THE APPLICATION FORM

FOR OFFICE USE ONLY	
File No. : _____	Category : _____
Remarks : _____	
Name/Designation/Signature of D.A. _____	Officer _____

TO BE FILLED BY THE APPLICANT IN OWN HANDWRITING
All the columns are to be filled neatly in BLOCK LETTERS
(Use only A4 size paper for the format and enclosures).

BANK DRAFT No. _____ Dated: _____	<u>Affix here a recent</u> <u>Passport size</u> <u>(3.5 cm X 3.5 cm)</u> <u>Photograph of the</u> <u>applicant in white shirt.</u>
Amount : Rs. _____	
Bank : _____	

Branch : _____	
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1. Name of the candidate														

(As entered in the Matriculation Certificate/Passport)

2. Father's Name:														

D D M M Y Y Y Y

3. Sex							4. Date of Birth							
---------------	--	--	--	--	--	--	-------------------------	--	--	--	--	--	--	--

(As shown in SLC/Board Cert. /IN 271/release Certificate in case of Ex-Naval/Coast Guard as the case may be)

5. Nationality							6. Place of Birth							
-----------------------	--	--	--	--	--	--	--------------------------	--	--	--	--	--	--	--

7. Valid Passport No.							
Place of Issue							
Date of Issue							

D D M M Y Y Y Y

8. Permanent Address:

House No.																	
Street:																	
Village/ Post Office/ Tehsil																	
District:																	
State:										PIN Code							
Phone No. with STD Code																	
Nearest Police Station																	

9. Address to receive CDC by POST:

House No.																	
Street:																	
Village/ Post Office/ Tehsil																	
District:																	
State:										PIN Code							

					of service	Fax No. of Master/Owner/ Owner's authorized agent in India, who has issued sea service certificate

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 Continuous Discharge Certificate-cum-Seafarer's Identity Document (CDC) and I have not submitted an application for CDC 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 reasons to believe that I have obtained the CDC by presenting false or erroneous information, my CDC will be cancelled/suspended forthwith as per the provisions contained in Rule 10 of the Merchant Shipping (Continuous Discharge Certificate-cum-Seafarer's Identity Document) Rules, 2001, as amended.

Place: Signature of the Applicant.....

Date: Name of the Applicant

SPECIMEN SIGNATURES OF THE APPLICANT

(Signatures are to be confined to each of the boxes)

1	2	3

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List of Enclosures:-

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

Strike out whichever is not applicable.

**Annexure - 2
Appendix-B
FORM – B**

APPLICATION FORM FOR RENEWAL/DUPLICATE/REPLACEMENT CDC

(This Appendix B is instructions to the applicants may be retained by the applicant and are not to be sent along with the application)

I. INSTRUCTIONS TO APPLICANTS :

- (i) All the columns are mandatorily to be filled in.
- (ii) Application to be filled by the CDC holder in own handwriting
- (iii) Use CAPITAL letters only
- (iv) Use Black/Blue ball point pen only
- (v) Avoid over-writing
- (vi) Specimen signatures should be strictly within the box without touching the boundaries
- (vii) Envelope containing the application should clearly indicate whether the application is for Revalidation/ Duplicate/ Replacement CDC, on the top left hand side in block letters
- (viii) Applicable columns may only be filled-in and forwarded.
- (ix) All individual applications must be sent in the given format. Applications sent in any other format or incomplete or not containing relevant documents or not filled by CDC holder in own handwriting are liable to be rejected and non-refundable fee will not be adjustable for any other application.

- (x) **NO APPLICATION WILL BE ACCEPTED IN PERSON**
- (xi) No fees to be paid for revalidation of CDC (CDC Stickers)

- (xii) Renewal Certificate will be given in the form of a sticker, which the CDC holder may affix on 'additional page for office use' in CDC. Original CDC is NOT to be forwarded to Shipping Master for revalidation of CDC.
- (xiii) Applications can be sent by Registered / Speed post / Courier service to the Shipping Master, From where the CDC was obtained i.e (1) Government Shipping Office, Nau Bhavan, 10. R.K. Marg, Ballard Estate, Mumbai - 400 001. (Phone No. 022-2269 7971/ 2269 7972, Fax No. 022-22693053,Email: gsomumbai@dgshipping.com, (2) Government Shipping Office, Marine House, Hostings, Kolkata-700022,Phone-033-22230517/27, Fax-033-22230108, (3) Government Shipping Office, Anchor Gate Building ,Rajaji Salai, Chennai-600001, Phone -044-25229674, Fax – 044-25268550, as the case may be.
- (xiv) Xerox copies of relevant certificates / documents, as applicable, shall be submitted by the applicant, by self-attesting their certificates and other documents, along with their name in full and date of self-attestation there under.
- (xv) For duplicate and replacement CDC applicants - Two passport size photograph (size 3.5 cm x 3.5 cm) in white shirt (in addition to the photo affixed).Name of the applicant should be written on reverse of the photographs.
- (xvi) Non-refundable fee of Rs.1000/- (Rupees One Thousand only) for Duplicate & Replacement CDC, is to be paid through Demand Draft from any nationalized bank in favour of Shipping Master, Mumbai, Kolkata, Chennai payable at Mumbai, Kolkata, Chennai as the case may be, to be enclosed. Original mutilated/ torn / damaged CDC is to be enclosed for issue of replacement.
- (xvii) The application for Replacement of CDC for the seafarers holding CDC which were issued under CDC Rules 1960 and/or not having the validity mentioned on it, shall be accepted for limited period upto 31.12.2012 only.
- (xviii) All the applicants are required to mandatorily register themselves as per Directorate's Notice No. 1 Computer Cell (INDOS)/2010-I dated 09.11.2011 and copy of the printout are to be enclosed with the CDC application failing which their CDC application shall be rejected.

II. Following documents are to be enclosed alongwith the application Form :

A) For revalidation of CDC (for CDC Sticker)

- i. 3 stamp size photographs in white shirt (size 3 cm x 2.5 cm) – one should be affixed on the application form. Photo in uniform is not acceptable.
- ii. One self addressed post card
- iii. One self addressed envelope (size: 5" x 12") with Rs.50/- (Rupees Fifty only) postage stamp affixed (to forward revalidation CDC Sticker by speed post).
- iv. Xerox copy of CDC.

- v. Copy of the profile registration print out under Directorate Notice No. 1 Computer Cell (INDOS)/2010-I dated 09.11.2011.

B) For duplicate/replacement of CDC.

- i. Two passport size photographs (size 3.5 cm x 3.5 cm) in white shirt in addition to the photo affixed on the application form. Photo in uniform is not acceptable.
- ii. One self addressed post card.
- iii. One self addressed envelope (size 5 " x 12") with Rs.100/- postage stamp affixed (to forward the CDC by speed post).
- iv. Non-refundable fee of Rs.1000/- through Demand Draft in favour of Shipping Master, Mumbai payable at Mumbai.
- v. Attested copy of proper FIR (in case of duplicate CDC for loss of CDC cases)
- vi. Xerox copy of CDC, if available (For loss of CDC cases)
- vii. Attested copy of INDOS Certificate.
- viii. Attested copies of four basic STCW familiarization courses.
- ix. CDC in original. (For additional / Replacement CDC cases)
- x. Print out copy of registration of profile under Directorate Notice No. 1 Computer Cell (INDOS)/2010-11 dated 09.11.2011.
- xi. Copy of the profile registration print out under Directorate Notice No. 1 Computer Cell (INDOS)/2010-I dated 09.11.2011.



सत्यमेव जयते

**GOVERNMENT OF INDIA
MINISTRY OF SHIPPING
GOVERNMENT SHIPPING OFFICE**

**FORM - B
(Revised-2011)**

**APPLICATION FORM FOR REVALIDATION /REPLACEMENT/ DUPLICATE CONTINUOUS DISCHARGE
CERTIFICATE-CUM-SEAFARER'S IDENTITY DOCUMENT (CDC)**

READ INSTRUCTIONS GIVEN IN APPENDIX-B CAREFULLY BEFORE FILLING UP THE APPLICATION FORM

FOR OFFICE USE ONLY

File No. : _____ **Category :** _____

Remarks: _____

Name/Designation/Signature of D.A. _____ **Officer** _____

Cert. No.									Issue								
Name of Institute																	

D D M M Y Y Y Y

d) FP & FF or Advanced Fire Fighting Cert. No.									Date of Issue								
Name of Institute																	

DECLARATION

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 hereby submit that I am the holder of CDC No..... issued from the port of

3. I am aware that, if at any time, I am found to have concealed/distorted any material information and the Shipping Master has reasons to believe that I have obtained the CDC by false or erroneous information, my CDC will be cancelled/suspended forthwith as per the provisions contained in Rule 10 of the Merchant Shipping (Continuous Discharge Certificate-cum-Seafarer's Identity Document) Rules, 2001, as amended.

Place: Signature of the Applicant.....

Date: Name of the Applicant

SPECIMEN SIGNATURES OF THE APPLICANT
(Only in case of Duplicate/ Replacement CDC)
(Signatures are to be confined to each of the boxes)

1	2	3

List of enclosures

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.