

# **NOTICE**

## **MUMBAI MMD**

The Written booking for Extra Master Part-B Examination to be conducted in November-2021 will be carried out on 21/10/2021 & 22/10/2021.

The Standard Operating Procedure (SOP) is attached for information.

Sd/-

(Capt. Anish Joseph)  
Examiner of Master & Mates  
Mercantile Marine Department  
Mumbai

## **STANDARD OPERATING PROCEDURE FOR EXTRA MASTER**

- 1) Candidate to download Form 29 from the website of MMD, Mumbai ([www.mmd.gov.in](http://www.mmd.gov.in))
- 2) Candidate to fill up Form 29.
- 3) Assessment fees of Rs. 3000/- to be paid in Bharatkosh.
- 4) Candidates to attach the documents as per the checklist for Extra Master uploaded on MMD, Mumbai website ([www.mmd.gov.in](http://www.mmd.gov.in)).
- 5) Candidates to send the duly filled up form along with the relevant documents as per the checklist to following address:

MERCANTILE MARINE DEPARTMENT,  
1<sup>ST</sup> FLOOR, NAV BHAVAN BUILDING, 10 R.K. MARG, BALLARD ESTATE, MUMBAI – 400001.

Form should reach MMD, Mumbai 10 days before the commencement of the examination.

- 6) The candidates will be informed by e-mail regarding approval of assessment. E-mail updated on form 29 by the candidate should be active.
- 7) Once the candidate receives the e-mail for Approval of Assessment, the candidate can book the seat for the examination after payment of fees of Rs. 4000/- (per Part) in Bharatkosh.
- 8) There are 3 papers per Part. The candidate should book for all 3 papers for his first attempt in all 3 Parts.
- 9) The receipt of Bharatkosh to be sent by email to MMD, Mumbai ([examn.mum-mmd@gov.in](mailto:examn.mum-mmd@gov.in)) at least 5 days before the examination.
- 10) The original Admit cards will be issued to the candidates on the day of the examination.
- 11) The candidates should report at the Examination Centre, Nav Bhavan Bldg., MMD, Mumbai on the day of examination as per the schedule.
- 12) The candidate should bring original CDC / CoC / Passport for verification on the day of the examination.

# EXTRA MASTER (FG) CHECK LIST

## MERCANTILE MARINE DEPARTMENT, MUMBAI

### DOCUMENTS TO BE SUBMITTED FOR ASSESSMENT OF ELIGIBILITY

NAME:- \_\_\_\_\_ INDoS No \_\_\_\_\_

SR. NO.	PARTICULARS	ENCLOSED PHOTOCOPY YES/NO/NA	ORIGINAL VERIFIED BY THE PRINCIPAL YES/NO/NA
1	Form 29 - Print out of application		
2	Assessment payment receipt of Bharat Kosh (Rs. 3000/-)		
3	CDC relevant pages copies		
4	Passport relevant pages copies		
5	Master F.G. COC (issue by Government of India) copy		
6	Copy of valid Medical Fitness Certificates (Annex IV & V)		
7	Two passport size photographs on white background		

Candidate's Signature: \_\_\_\_\_



## FORM 29

(See Rule 72)

### GOVERNMENT OF INDIA MINISTRY OF SURFACE TRANSPORT DIRECTORATE GENERAL OF SHIPPING

Application for Examination and Assessment for certificates under Merchant  
Shipping (Standards of Training, Certification and Watch-keeping for Seafarers)

Application No. :

Received Date :

A. Grade of Examination :

Place of Examination :

1. Full Name :  
(Block letters)

2. Permanent Address :

3. Present Address :

4. Telephone Number :  
(with STD Code)

5. Nationality :  
(Proof to be produced)

6. Passport Number :

7. Date and Place of Issue :

8. Continuous Discharge  
Certificate (C.D.C)  
Number :

9. Date and Place of Issue :

10. Date of Birth :  
(Proof to be produced)

11. Place of Birth :

12. Personal Identification  
marks :

13. INDos No :

14. Email Id :

Note : Any Person who makes, causes to be made or assists in making any false representation for the purpose of obtaining for himself /her self or any other person a Certificate, shall be liable for prosecution under Sections-182 and 420 of the Indian Penal Code, 1860.

#### B. DETAILS OF SCHOLASTIC EDUCATION : (Separate sheets must be attached)

1. Scholastic Education Level :

2. Principal Subjects :

3. Year of Passing :

4. School/College/ Board :

5. Address of the Institution :

**C. DETAILS OF PRE-SEA TRAINING / MARINE ENGINEERING WORKSHOP :**  
**(Separate sheet must be attached )**

1. Training Institute
2. Address of the Institution
3. Attended From
4. Result
5. Courses Attended

**D1. DETAILS OF SEA-GOING SERVICE (FOR DECK DEPARTMENT PERSONNEL) :**

Name of Ship	Type	Gross Tonnage	Port of Registry/ Official Number	Trade: NCV/ FG/ Coastal	Rank	From	To	Period		Remarks
								Months	Days	

**E-1 REPORT ON STRUCTURED ON-BOARD TRAINING :**

Phase No	Date Of	Name of Master	Details Of Certificate Of Competancy
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**E-2 REPORT OF DESIGNATED COMPANY TRAINING OFFICER :**

Signature :

Name :

Certificate No. :

**E-3 REPORT OF HEAD OF ASSESSMENT CENTRE :**

Signature :

Name :

Official Stamp :

**F. REPORT OF ASSESSMENT CENTRE :**

POST-SEA APPROVED EDUCATION AND TRAINING AT APPROVED INSTITUTION LEVEL  
2M(Operational)/1M&M(Management)

Function /Part	Institution	From	To	Remarks
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**F-2 REMARKS OF HEAD OF ASSESSMENT CENTRE :**

ELIGIBILITY FOR OPERATIONAL/MANAGEMENT LEVEL(Phase I & II)  
ELIGIBILITY FOR WRITTEN FUNCTION EXTRA MASTER

Signature :

Name :

Official Stamp :

**G. PARTICULARS OF STCW CONVENTIONS MODULAR COURSES (POST-SEA) :**

Sr. No.	Courses	STCW Reg./ STCW Code No.	Cert No.	Approved Institution	Period		Validity
					From	To	

**H. PREVIOUS CERTIFICATE ( Issued in India or elsewhere, If none state so) :**

Number	Certificate Details	Class /Grade	Place & date of Examination		If any time suspended or cancelled, state		
			Examination	Issue Date	Court of Authority	Date	Cause

**I. DECLARATION TO BE MADE BY THE CANDIDATE :**

I hereby declare that the particulars contained in the form are correct and true to the best of my knowledge and belief and that the papers enumerated and sent with this form are true and genuine documents given and signed by the person whose name appears on them. I further declare that Section D contains a true and correct account of my sea-going service without exception and I make this declaration conscientiously believing the

The above declaration was signed in my presence.

Signature of the candidate

Examiner of Masters and Mates  
Mercantile Marine Department.....District

**J. REQUEST FOR ALLOTMENT OF SEATS FOR EXAMINATION :**

**K 1. Sight Test :Date of Examination :\_\_\_\_\_Result\_\_\_\_\_Signature of Examiner**

**K 2. RESULT OF EXAMINATION :( for official purpose only) :**

**L. REPORT OF EXAMINATION CENTRE**

1. I hereby certify that \_\_\_\_\_has satisfactory produced testimonials and proof of sea-going service/watch keeping service/approved workshop training as required for the grade.
2. The candidate complies with the examination of the Merchant Shipping Standards (Standards of Training Certification and Watch-keeping for Seafarers) Rules, 1998 for the grade of Extra Master of a Foreign Going ship
3. The candidate has passed his examinations for the functions as under :

Phase	Level	Function			
		Written	Written Examiner	Oral	Oral Examiner

**M. FOR THE CHIEF EXAMINER OF MASTERS AND MASTES**

1. I hereby certify that \_\_\_\_\_ has satisfactory produced his testimonials and proof of Sea-going Service/Watch Keeping Service.
2. The candidate complies with the Merchant Shipping (Standards of Training Certification and Watch-keeping for Seafarers) Rules, 1998 for the grade of Extra Master of a Foreign Going ship
3. The candidate has passed the examination of the functions as under :

Phase	Level	Function		Sign. of Examiner with Remarks
		Written	Oral	

The candidate meets the requirements be eligible to be issued the Certificate of Competency as .....  
provisional certificate issued No..... on.....

Examiner of Masters and Mates  
Mercantile Marine Department

**N. FINAL ASSESSMENT PRIOR CERTIFICATION**

Medical	
Pre-Sea Training	
Structured on Board Training	
Sea-Service Requirement	
Written Examination (Assessment)	
Oral Assessment	
Modular Courses	
Eligibility	

Certificate for Competency \_\_\_\_\_ as recommended by Mercantile Marine Department may be issued.

Assessor at Directorate General of Shipping for Masters and Mates.

Remarks \_\_\_\_\_

Chief Examiner  
(Masters and Mates)