Instructions to fill up the Wallem application form. (Revised 20.10.2014)

General information:

These instructions are for filling up the application form using **MS Office Excel 2007** only. This xls form must be filled by all individuals selected by Wallem ShipManagement so that they can be uploaded in to the SHIPMATE data base. The information therefore must be absolutely correct and accurate.

Down load the latest version 3.6.5.1 of the application form **wsmappl161112.xls** on your desk top only from the wmtindia.tripod.com website. Donot down load any other form from any other website or sent by some one else.

Before you open it and start filling this form please check your computer regional date settings and ensure that it shows the date format as dd / mmm / yy. Change it if it does not.

You must enable the macros prior opening the blank application form.

To enable the macro prior opening the blank application form, you must proceed as follows:

1. Open Microsoft Excel 2007



- 2. Click the Microsoft Office Button
- 3. Click on **Excel Options.**



3. Click Trust Center , and then click Trust Center Settings

cel Options	2							
Popular Formulas	Help keep your documents safe and your computer secure and healthy.							
Proofing	Protecting your privacy							
iave Advanced	Microsoft cares about your privacy. For more information about how Microsoft Office Excel helps to protect your privacy, please see the privacy statements.							
	Show the Microsoft Office Excel privacy statement							
Lustomize Add-Ins	Customer Experience Improvement Program							
rust Center	Security & more							
esources	Learn more about protecting your privacy and security from Microsoft Office Online. Microsoft Windows Security Center Microsoft Trustworthy Computing							
	Microsoft Office Excel Trust Center							
	The Trust Center contains security and privacy settings. These settings help keep your computer secure. We recommend that you do not change these settings.							

3. Click on Macro settings and then select Enable all macros & Click OK.

Trust Center		? 🛛
Trust Center Trusted Publishers Trusted Locations Add-ins ActiveX Settings Message Bar External Content Privacy Options	Macro Settings For macros in documents not in a trusted location: ○ Disable all macros with notification ○ Disable all macros except digitally signed macros ④ Enable all macros (not recommended; potentially dangerous code can run) Developer Macro Settings □ Trust access to the ¥BA project object model	
	ОК	Cancel

Failure to do the above will not allow you to fill up the application form properly. If you have opened the application form, before changing the macro settings. Close the form. Change the macro settings in Microsoft Excel 2007 and open the form again.

Microsoft Office Excel 2007 will open your form in the compatibility mode.

Fill up the form as mentioned below:

Fill up the 4 pages of the attached application form starting from the top and work your way from left to right until you reach the end.

Use all capitals letters for entering the alphabetical data.

Some cells must be filled up using the drop down list and some by typing. Do not type in the cells which have a drop down list. The drop down list is indicated on some cells by a visible arrow mark all

the time and on some it appears only when your cursor is in the cell. You may use the mouse or the arrow keys to navigate in the cells.

Filling up the form: IMPORTANT:

TYPE IN ALL CAPITALS ONLY

IF AVAILABLE CHOSE ONLY FROM THE DROP DOWN LIST

DONOT FORMAT or COPY CELLS OR MAKE ANY CHANGES WHATSOEVER TO THE FORM OTHER THAN TYPING OR SELECTING DATA FROM DROP DOWN LISTS.

Row 1: Chose either DECK CADET or ENGINE CADET or E/ETR from the drop down list. Leave the Date of availability blank.

Row 2: Type your last name – first name – middle name in the respective cells exactly as mentioned in your passport.

Row 3: Type your date of birth (dd/mm/yy).

Row 3: Type the city, country of your birth.

Row 3: Chose the country of your birth using the drop down list

Row 4: Type your passport number without any blank spaces or hyphens, colons etc , date of issue (dd-mm-yy), place of issue as mentioned in the passport and expiry date (dd-mm-yy).

Row 5: leave blank

Row 6: Type your permanent address (without mentioning the city, state and pin code) and share the information evenly in the 3 cells available.

Row 6: Use the appropriate cells to type your city, state and zip (pin) code. The country must be selected using the **drop down list**.

Row 6: Type the STD code, land line telephone, fax, mobile numbers using only numbers. **Do not use brackets, coma, full stops or any other + or - signs.**

Row 7: Type the same information again as in Row 6 if the correspondence address is same as your permanent address. Type a proper address where you can be contacted and not a temporary local address.

Row 8: Chose your marital status from the drop down list and fill the other cells as relevant.

Row 8: Chose the name of the airport from the **drop down list** which is closest to your home. Row 9: Type the names of all your immediate family members ie Father, Mother, Brothers, Sisters. Name of the spouse and children if any, must also be filled up if married. Do not fill in the names of uncles, aunties, grand fathers, cousins etc.

Row 9: Chose the appropriate relation with respect to you from the **drop down list** for each of them. Row 9: Type their date of birth and place of birth.

Row 9: If they do not have a passport leave the cells blank. If they have, type the passport number, issue date, expiry date and place of issue in each cell provided.

Row 9: Type an 'X' if they have the ECNR stamp on the passport or leave it blank if an ECR is required.

1	Rank Applied For	r: ENG	SINE C	ADET	+ C	Date Of Ava	ilability:		-		+	+	[select from dropdown menu]
PE	RSONAL DESCRI	TION AN	ID INF	ORMATIC	N			N					
2	Name Last:	MICHAEL			First: L	.EO			Middle	SELVA	KUMAR		[Ploase fill as in your passnort]
3	Birth Date:	01-Oct-90		Place &	Country: P	PUNALVASAL	INDIA		Nationality	INDIAN	į.		[Please in as in your passport]
	INDOS Number	08EL1564						20		20			
4	Passport No:	G7353321	Pla	ce of Issue	TIRUCHIRAPI	PA Date of Is	sue 28-Fel	o-08	Date of	Expiry	27-Feb-18		[date format - dd/mmm/yy]
5	U.S. Visa Type:		Pla	ce of Issue		Date of Is:	sue		Date of	Expiry			
	U.S Visa Sec.	[Pla	ce of Issue		Date of Is:	sue		Date of	Expiry			
6	Permanent Addr	ess &	50-B N	EW NO 1/7 5	SOUTH STREE		SAL POST		PATTUR	KOTTAI	TK THANJA	VUR DIST	
	Contact Details		City	TIRUCHIRA	PPA State	TAMIL NAD	U Co	ountry	INDIA	Zir	Code 6	14803	
	STD Code	Res.	1	Fa	x:	Mobile	: 09159	559146	Email mle	oselvaku	mar@gmail.	com	
7	Correspondence	Address	50-B N	EW NO 1/7 5	OUTH STREE		SAL POST		PATTUR	KOTTAL	TK THANJA	VUR DIST	
	& Contact Details :		City TIRUCHIRAPPA State		TAMIL NADU Country		ountry	INDIA Zip Code 614803			14803		
	STD Code	Res.		Fa	x:	Mobile	: 09159	559146	Email mle	oselvaku	mar@gmail.	com	
8	Marital Status	SINGLE		- No. of	Children		Nearest	Airport /	Station	TRIC	СНҮ	-	[select from dropdown menu]
9	Family/NOK/Eme Contact	rgency	Rela- tion	Date of Birth	Place of Bi	rth Passp No.	ort Da	nte of sue	Date of Expiry	Place	of Issue	ECNR	[date format - dd/mmm/yy]
	MICHAEL	8	FATHE	15-Jun-49	PUNALVASA	AL F12345	67 04	-Feb-10	03-Feb-20	MUMBA	Al	х	[if yes put 'X']
	AROKIA MARY		MOTHE	14-Jun-69	PATTUKKOT	TAI	1					8	
	SONIA		SISTER	18-Aug-91	PATTUKKOT	TAI							
			ļ		-					-			
			6 6		1		-						
			-				-						

Row 10: Chose the name of the next of kin from the **drop down list** only. Ensure that you chose one of your parents name only. If you are married chose the name of your spouse.

Row 10: Type the address without the city, state and country. Type your city, state and zip (pin) code in the appropriate cells only. The country must be selected using the drop down list.

Row 10: Type the STD code, land line telephone, fax, mobile numbers using only numbers. **Donot** use brackets, coma, full stops or any other + or - signs.

	120223	Name	Name MICHAEL									
Address & Cont	lext of Kin - [Name ,		W NO 1/7 SOUTH ST	REET		PUNALVASAL POST						
Dotailel	PATTUK	KOTTAI TK THANJA	VUR DIST		City	TIRUCHIRAPPALLI						
Detunaj	veranoj		State TAMIL NADU Cou			A Zip /			614803			
Std. Code	Res.		Fax:	Mo	bile:	0978653306	4 Email					

Row 11: Chose the same name as you chose for the next of kin from the **drop down list**. His address, contact numbers etc will automatically come fill in.

Row 12: Chose the type of license DCE 1 (OIL) and / or DCE 1 (CHEMICAL) and additionally CLASS 4 MOTOR (PART A) for Engine Cadets from the **drop down list**. Check your documents carefully and type the document number, their issue and expiry dates. Type an 'X' if you are an Indian having an Indian license. The CLASS 4 MOTOR (PART A) certificate generally does not have an expiry date, therefore leave it blank.

Row 13: Chose "SEAMAN'S BOOK NATIONAL" from the **drop down list**. Type the issue and expiry dates. Type an 'X' since you are an Indian having an Indian CDC.

11	-		Name	MICHA	EL			_				-	•
	Emergency Address 50-B NEW NO 1/7				UTH STRE	EET		PUNALVA	ASAL POST				
	[If family onboard] PATTUKKOTTAL			COTTAL TK TI	HANJAVL	JR DIST		City	TIRUCHIR	AP	PALLI		
			State	TAMIL NA	NADU Country INDU		NDIA	4			Zip Code 614803		
	STD Code	Res.		Fax:		Mob	oile:	09786533	3064 Emai	1			- 10
12	Licence Grade - [Description]			N	Number Da		ate of sue	Date of Expiry		of Nationality			
	CLASS 4 MOTO	R (PART A)		11	19462		13	-Jun-11			INDIAN	Х	[date format - dd/mmm/yy]
	DCE 1 (OIL)			D	DCE/OT/CHE/792/11		27	-Jun-11	1 04-Feb-16 INDIAN		INDIAN	Х	
	DCE 1 (CHEMIC	AL)		Di	CE/CT/CH	E/793/11	27	-Jun-11	09-Jun-16	3	INDIAN	Х	
13	3 Seaman Book [C.D.C]			Number		umber Da		ate of sue	e of Date of Expiry		Place of Issue	Nat- ional	
	SEAMAN'S BOO	OK NATIONAL		М	UM 15679	95	30	-Dec-08	29-Dec-1	8	MUMBAI	X	[date format - dd/mmm/yy]

Row 14: Leave blank

Row 15: Chose the following courses from the **drop down list** and enter the data for each of them. Donot use any other names for the courses. FIRE PREVENTION / FIGHTING A-VI /1 2.1.2 CHEMICAL TANKER FAMILIARIZATION ELEMENTARY FIRST AID A-VI/1 2.1.3 OIL TANKER FAMILIARIZATION PERS. SAFETY & SOCIAL RESP. A-VI/1 2.1.4 PERSONAL SURVIVAL A-VI/1 2.1.1 PRE-SEA TRAINING Row 15: Type the name of the institute as the issuing authority, the issue date as mentioned on the

Row 15: Type the name of the institute as the issuing authority, the issue date as mentioned on the certificate and type the expiry date as 5 years from the date of issue if nothing is mentioned on the certificate. Leave the expiry date cell blank if some certificates have an unlimited validity mentioned on them. Your Presea certificate also has no expiry date, therefore leave the expiry date cell blank.

CC	URSES AND CERTIFICATES						
15	Description	Issuing Authority	Number	Date of Issue	Date of Expiry	Nationality	
	FIRE PREVENTION / FIGHTING A-VI/1	NMA CHENNAI	1656	27-Aug-08	26-Aug-13	INDIAN	[date format - dd/mmm/yy]
	ELEMENTARY FIRST AID A-VI/1 2.1.3	CSSM CHENNAI	351/07/08	29-Jul-08	28-Jul-13	INDIAN	
	PERS. SAFETY & SOCIAL RESP. A-V	CSSM CHENNAI	297/07/08	02-Aug-08	01-Aug-13	INDIAN	
	PERSONAL SURVIVAL A-VI/1	NMA CHENNAI	2300	30-Aug-08	29-Aug-13	INDIAN	
	OIL TANKER FAMILIARIZATION	MF CHENNAI	MF/OTF/5398/2011 CTF/B256/06	05-Feb-11	04-Feb-16	INDIAN	
	CHEMICAL TANKER FAMILIARIZATION	HIMT CHENNAI		10-Jun-11	09-Jun-16	INDIAN	
	PRE-SEA TRAINING	CSSM CHENNAI	CSSM/1993114101	23-Dec-10		INDIAN	
	7			12			

Rows 16 & 17: leave blank.

Row 18: Type the name of the school in the first cell.

Row 18: Type the city / country in the second cell.

Row 18: Type the month and year in the "From" cell in mmm/yy format.

Row 18: Type the month and year in the "To" cell in mmm/yy cell.

Row 18: Type TENTH.

Type similar information for TWELFTH and BE Mech or BE Marine and other academic studies. Type similar information for the Presea training if done.

Row 19: Type the names, company, telephone nos and addresses of the person who has recommended you to us especially if he a Wallem employee.

Row 20: Chose the language from the drop **down list** and type an "X" for indicating your spoken, writing and reading ability. You may choose more than one language. You may also type the name of any other languages if is not in the drop down list.

EDUCATIONAL BACKGROUND [please include pre-sea training]

18	Name	e of School	ls / Colleges A	ttended	City / Country	y From	То	Type of Degree / Qualification Red	Diploma /	
	PUNITHA AROKIA ANNAI HIGHER SECONDARY SCI		<i>QPUNALVASAL, INDIA</i>	Jun/2004	Apr/2005	TENTH		[date format - mmm/yyyy]		
	GOVT.BOYS HIGHER SECONDARY SCHOOL		PATTUKKOTTAI, IND/	4 Jun/2006	Mar/2007	TWELTH				
	CHENNAI SCHOOL OF SHIP MANAGEMENT		CHENNAI, INDIA	Aug/2007	Dec/2010	ALTERNATE TRAINING SCHEME				
RE	FERE	NCES:				1	1			
19	Title Name				Company I	lame	Phone Number			
A										
в										
	Addre	ess			Remarks			.d.:		
А	2									
В										
LA	NGUA	GES								
20	LANG	UAGE	Spoken	Written	Read 0	THER [specify]	Spoke	n Written	Read	
	ENGL	ISH	х	Х	хТ	AMIL	Х	X	Х	[Type 'X' to tick]
	HIND		x							[Type 'X' to tick]

Row 21: Type an 'X' in the appropriate cell and indicate the condition of your vision and hearing.

Row 21: Type your height in cms, weight in kgs, color of hair and eyes.

Row 21: Type any visible identification marks on your body.

Row 21: Answer all the questions from 'a' to 'f' using the Yes or No from the drop down list.

	YSICAL DECLARA	TION							
21	VISION	Excellent	Good	Poor	HEARING	Normal	Poor	Nil	
	With Glasses				Right Ear	х			[Type 'X' to tick]
	Without Glasses	Х			Left Ear	х			[Type 'X' to tick]
	Height (cms 182	Hair [col	our] BLACK	Ident	ification Mark on	body [if any]			
	Weight (kgs 70	Eyes [col	our] BLACK	A SCA	R ON THE LEFT HAND				
a	Are you involved in a	ny marine acc	cident/investiga	tions? (Collisi	on/Grounding/Fire/Pollu	ution]? If yes plea	se give details	No 🔻	[select from dropdown menu]
b	Did you suffer any a	ccident which	rendered you t	emporarily ar	nd / or partially disat	oled ? If yes plea	se give details.	No 💌	[select from dropdown menu]
с	Are you currently und	ler medical tre	eatment or taki	ng medicatio	n for existing conditi	ions? If yes plea	se give details	No -	[select from dropdown menu]
c d	Are you currently und Did you suffer , or o likely to endager th	der medical tre do you preser e health of ot	eatment or taki ntly suffer from ther persons o	ng medicatio n any diseas nboard ?	n for existing conditi es likely to render	ions? If yes plea you unfit for sea	se give details service or	No -	[select from dropdown menu] [select from dropdown menu]
c d e	Are you currently und Did you suffer , or o likely to endager th Did you ever underg	der medical tre do you preser e health of ot go psychiatric	eatment or takin ntly suffer from ther persons o c treatment ?	ng medicatio nany diseas nboard ?	n for existing conditi	ions? If yes plea you unfit for sea	se give details	No -	[select from dropdown menu] [select from dropdown menu] [select from dropdown menu]

Rows 22 to 25: Leave blank

Row 26: Tick mark as appropriate. Multiple tick marks are also accepted.

6 HC	W DID YOU COME TO KNOW	ABO	UT US? (Please tick the appr	opria	ate m	iedium)	
А	Company presentation/seminar		B Marine Club notice-board	Ē	С	Marine magazine advertisement	7
D	Newspaper advertisement	E.	E Told by seagoing friend(s)	>	F	Direct Mail from Company	53
G	Others (Please specify)			101		↓ 5	

Row 27: Leave this blank

After completing the entries physically verify the form and then click on the "Verify" button on the top right corner of the spread sheet. If any mandatory entries are missed the system will prompt you for the same.

WALLEM SHIPMANAGEMENT LIMITED		Application form not verified, will be rejected
	Kindly affix a regular & recent passport size	Verify
0	FILOTOGRAFII.	Options
(Version 3.6.5.1 Modified on 16/11/2012)		Insert Photo

Do not format, copy, paste cells or make any changes whatsoever to the form other than typing or selecting data from drop down lists.

Once verification has been done, use the "Insert Photo" button to insert your latest passport photo in the application form. The inserted photograph must be a scanned colour copy of your passport photograph taken wearing a dark coloured collared shirt (without uniform, caps, epaulets etc) on a white background and must be of adequate clarity. The photo must be available in a jpg format at an appropriate location in your PC. Please ensure that the jpeg image you use is not too large.

WALLEM SHIPMANAGEMENT LIMITED		Application form not verified, will be rejected
	Kindly affix a regular & recent passport size PHOTOGRAPH .	Verify
		Options
(Version 3.6.5.1 Modified on 16/11/2012)		Insert Photo
APPLICATION FORM Date:		

Once completed, use the "save as" command to save the form as Excel 97 – 2003 Workbook. Ensure that this saves your form as a file with an **.xls extension.**



Name or rename the file as 'your rank' 'your surname' 'your name' eg (ECDT Mudedath Rahul or DCDT Kapoor Deepak).

Your file will now be 'your rank your name.xls'. eg (ECDT Mudedath Rahul.xls or DCDT Kapoor Deepak.xls or EETR Jaiswal Sanjeev.xls)

Ensure that the final file size is not more than 1.5 mb. If it is, then reduce the photo size / resolution without affecting the clarity and re-insert the photo. A colour photo with resolution of 200 x 250 is adequate for this purpose. The xls file with size greater than 1.5mb will be rejected.

It is important that you confirm that the verification button still works. This is done by making some minor change in Row 12 or 15. The word "verify" on the verification button must turn black and become operational. Please correct the changed data and once again verify the form before you finally save the xls form.

Place the verified Excel form along with the scanned images (as mentioned in the documentation instructions) in a single folder on a CD or a pen drive. Please name the folder as your rank (ECDT or DCDT or EETR for Engine, Deck and Electrical trainees respectively) and Name. eg ECDT Mishra Rakesh or DCDT Sharma Rajiv or EETR Yadav Mahesh.

End of document