## Directorate General of Shipping EAC Branch CHECK LIST FOR MEO CLASS IV

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NAM. DIEPA		MERCANTILE MARINE			
		Documents Are Required to be submitted For MEO C.	LASS IV Part A	Exemption	& Part B Examination
and A	ssess	ment Requirements			
Photo	Copy	Of Each Document must be Self Attested and Arrar	ged In The Follo		
Name Of The Candidate:				Date:	
	_	PART A EXEMPTION & EXA	MINATION.		
S.NO		NAME OF DOCUMENTS		YES/N	O REMARKS
1.	Cor	Copy of CDC. (1" & Last Page) and relevant service pages			
2.	Copy of Passport. (1" & Last Page)				
3.	Copy of INDOS No. Certificate				
4.	Fees - Evidence of Fees Paid				
5.	Cor	Copy of Education Qualification. As applicable			
6.					
7.					
		S TO BE SHOWN - PLEASE FILL IN THE CERTIFICAT		-	
S No.		Details of documents		ERT NO	NAME OF INSTITUTE
1.	Orig	Original of STCW Course as follows:-			
	i)				
	ii)	Fire Prevention & Fire Fighting or Refresher if more than old			
	iii)	iii) Elementary First Aid valid within 5 years			
	iv) PSSR within 5 years or Refresher				A Design
	v)	STSDSD			
Signatu	_	Verifying DA Approving Aut	hority		
Based o	n ab	ove information the candidate is exempted from PART	/ Eligible to a	ppear in pa	rt A
		PART B EXAMINATION AND ASSESS	MENT REQUIR	EMENTS	
1.	Original Sea Services letter issued by the Owner / RPSL address to concerned PO MMD		Y	ES /NO	REMARKS IF ANY
2.	Copy of Sea Service Testimonials. Indicating Article / Propelling time		g time		
3.	Copy of Article of Agreement / Form 3A				
4.	Copy of CDC including relevant pages of sea service				
5.	Sighting of Original TAR BOOK.				
6.	Copy of Seafarers Profile for checking Data				
7.		ence of Fees Paid	NO		
	ENIS	TO BE SHOWN - PLEASE FILL IN THE CERTIFICATE  NAME OF DOCUMENT			
S.NO	0.	Original of Engine Room Simulator Course. (Done after the required sailing)		CERT NO	NAME OF INSTITUTE
1	-		quired saimig)		
2	_	Original of STCW Course as follows:-			
	i) PSCRB valid within 5 yrs or refresher		-		
	ii) Advance Fire Fighting Valid within 5 years or refresher				
	iii) Medical First Aid valid within last 5 years				
e:	iv)		re l		
Signatu	re oI	the Candidate DAT	E		
Signatur	ort	he Verifying Dis APPROVING ACTI	HOME		UNIC