

Name of the DGS Approved Maritime Training Institute ( <i>Issuing Authority</i> )		
Address and contact details		
Tel:	Fax:	
E-mail:	Website:	
No: [Institute to allocate]		
This is to certify that [ <i>full name of candidate</i> ]		Date of Birth:
CDC No.	Passport No.	INDoS No.
Certificate of Competency Grade .....		No. ....
has successfully completed a training course from .....to....., approved by the Director General of Shipping, Government of India, meeting the requirements laid down in:		
<b>STCW'78, as amended, Regulation VI/5 and STCW Code Section A-VI/5 for</b>		
<b>Certificate of Proficiency for Ship Security Officer</b>		
<i><b>This Certificate is issued under the authority of Director General of Shipping, Government of India, and the details thereof have been communicated to the INDOS cell of the Directorate.</b></i>		
Date of Issue:		
Signature ( <i>of person to whom this certificate was issued</i> ): _____		
<div data-bbox="235 1283 518 1633" data-label="Image"> <p><b>Colour Photograph</b> (35mm x 35mm)</p> </div> <div data-bbox="441 1438 683 1661" data-label="Image"> <p>Official Seal</p> </div>	<div data-bbox="1047 1381 1463 1444" data-label="Text"> <p>Signature of the Course Officer or Authorised Signatory</p> </div> <div data-bbox="982 1690 1463 1753" data-label="Text"> <p>Signature of the Head of the Institute or Authorised Signatory</p> </div>	
Enquiries concerning this certificate should be addressed to the <b>INDoS Cell PH. 91 (22) 2370 4425 / 2371 9944 Ext. 1300/1402 Fax. 91(22) 2373 9784</b> <b>Email. lbsindos@vsnl.net</b>		