

SEAFARERS' WELFARE FUND SOCIETY

(Autonomous Body of Ministry of Ports, Shipping and Waterways Government of India)

Nau Bhavan Building, Ground Floor, R. K. Marg, Ballard Estate, Mumbai-400 001

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APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER ' FAMILY BENEFIT SCHEME'

(ON COMPLETION OF PRE-SEA TRAINING COURSE BY SON / DAUGHTER OF SEAFARER)

(Please refer notes given on next page before submitting this application form.)

1.	Seafarer's name in full (As per CDC Book)	:	Mr./Mrs./Ms. _____
2.	CDC number	:	
3.	Name of Son/Daughter (for whom claim submitted)	:	
4.	Pre-Sea training course & Institute Name)	:	
5.	Date of completion of course	:	
6.	CDC No. of son/daughter	:	
7.	Date of sign-off	:	
8.	Indian ship-owners Co. name OR Recruitment & Placement Service (RPS) provider name RPSL No. & it's Registration No	:	
9.	Correspondence address	:	
10.	Telephone No/Mobile No.	:	
11.	E-mail address	:	

I, the undersigned, wish to inform you that my son / daughter has completed the Pre-sea training course on _____ and obtained Indian CDC No. _____ on _____

I now request you to grant me, the financial assistance under the 'Family Benefit Scheme' SWF Society's rules as applicable for the scheme. I am supporting herewith following document, to receive the claim under the scheme.

- (c) Self - attested copy of latest CDC book (of the applicant seafarer).
- (d) Self -attested copy of the Certificate for completion of Pre-sea training course, issued by the Institute, which is approved by the Directorate General of Shipping.
- (e) Self-attested copy of the Indian CDC Book obtained by the Seafarer's son/daughter.

P.T.O..... 2.

I give below my Bank account details. (Bank details are mandatory, without which the application will not be processed.)

Details of the bank, where the financial assistance amount to be credited (mandatory) :

Name of the bank	Branch Name	Branch address	S.B. A/c no.	Branch code	IFSC

(Note: Attach a legible copy of the front page of Bank pass book of SB account Or original cancelled cheque showing applicant's name and bank details)

I declare that I am claiming this financial assistance on the strength of the documents submitted as above, and at later date, if it is proved, that I am not the actual beneficiary, or my claim was found dishonest, I undertake to refund the financial assistance in full to the SWF Society.

Place: _____

Date: _____

(Applicant's Signature or Thumb Impression)

Name of Applicant: _____

Note 1: This scheme is applicable only for Indian seafarers; whose son/daughter has successfully completed the pre-sea training course on or after 1.1.2019 from the DGS approved Institute and obtained the Indian CDC for pursuing the seafaring profession.

Note 2: The application for financial assistance should be received by the Society within twelve months period from the date of successful completion of course.

FOR S.W.F.S. OFFICE USE ONLY

Application No.

Documents attached verified and the applicant found eligible / not eligible under 'Family Benefit Scheme' for financial assistance of Rs. _____.

(Rs. _____ only)

Checked by D.A.

Verified by (A.A.O.)

Recommended by (CAAO)

Approved by MT/MS.
