

FORM-1(i)

See Para 6.1 of Tonnage Tax Cell Circular No. 2 Of 2005
TONNAGE TAX TRAINING COMMITMENT
Owned/in-Chartered Fleet
Calculation of? Basic Training Commitment

Name of Company: _____
 Address: _____
 Telephone _____
 Fax _____
 Email _____
 Contact Person _____
 Financial year _____

Sr.Nos.	Ship Name	Owned/Chartered	Official No.	Type of Ship	Net Tonnage	No of Days ship proposed to be operated in the financial year	Total Compliments as per Safe Manning Document	Nos.of Trainee Officer (H/10)	Minimum Man Days Required G*I
A	B	C	D	E	F	G	H	I	J
TOTAL									

I certify that above information is true and accurate.I also hold myself and company responsible for any factual error and shall be subjected to suitable penal action

 Authorised Signatory

Place:
 Date:

Note: Copies of the Tonnage Certificate and Safe Manning Document to be attached.