

**STATEMENT OF SERVICE BOTH IDLE AND RUNNING  
FOR EXAMINATION UNDER I.M.P.V ACT 1917**

**(The testimonials to be numbered consecutively according to the number given in column below)**

NO OF TESTIMONIAL	SHIP NAME OR WHERE EMPLOYED	VESSEL DETAILS			CAPACITY	SERVICE DETAILS					CONDITION		REMARK	INITIAL	
		HP	POR	OFF. NO		START DATE	END DATE	Y	M	D	IDLE	RUNNING			
								TOTAL SERVICE							
								TOTAL IDLE							
								TOTAL RUNNING							
								TIME FOR WHICH TESTIMONIALS PRODUCED							

**Deceleration to be made by issuing Authority:**

I do hereby declare that the particulars contained in this Performa are correct and true to the best of my knowledge or belief.

ISSUING AUTHORITY  
Signature &Stamp)