



## **Curriculum-Vitae**

**Name: Mr Sita Ram Shrestha**

**Date of Birth: 30-04-1979**

**Address - Thansing-05 Nuwakot, Nepal.**

**Email: sitaram2036@gmail.com**

**Cell No: 00977-9841503014**

**Nationality: Nepalese**

### ***OBJECTIVE***

Seeking a challenging and job oriented in hospitality industry with an esteemed organization where I can utilize my experience, education and enrich my skills.

### **PASSPORT DETAILS**

- Passport No. : 11900934
- Valid Until : 10-03-2030

### **Valid stcw certificates**

**Language skills:** Fluent in Hindi, basic Italian and English

### ***EDUCATION***

- SLC from Nandi Ratri Madhmayk Vidhlaya, Naxal, Kathmandu in 2002.
- I.A. from Manamohan Memorial College, Nayabazar, Kathmandu in 2004.

### ***TRAININGS:***

- Three month (1 Aug. 2002 - 30 Oct. 2002) Food and Beverage Control (Cook) Training from Kantipur Hotel Training Center, Jamal, Kathmandu.
- Basic Computer trainings from Kathmandu Trainings center.
- Culinary trainings from Silver mountain hotel Managements College Kathmandu, Nepal.

### ***EXPERIENCE:***

- 
- Worked a cook in **KBR catering company Iraq** from 2004 to 2006.
- Worked as continental Com-I in **Hyatt Regency Kathmandu**, Nepal from 2006 to 2008.
- **Worked as Comic-I** in the **(Kuwait airlines catering) KASCO AL BATEEL Co W.I.I Doha Qatar** since 1<sup>st</sup> May. 2008 to 15th Dec2010.
- **Worked as Comic-II** in the **Happy Cruise Spain** From 2010 to 2011.

- Worked as Head cook in **J Bar and Restaurants Kathmandu, Nepal** since 2012 to 2014
- Worked as a Cook III in MSC Cruises from 2014 to 2016.
- Worked as a Cook II in MSC Cruises from 2016 to 2018.
- Worked as a 1<sup>st</sup> Cook in MSC Cruises from 2018 to 2019

In 2019, affects whole world as well as me. I took home rest for almost 18 months and after that I get involved in local restaurant business in Kathmandu.

### **Job Responsibilities:**

- Ensure that quality standards are met during the check-in and check-out of guests, handling of all guest complains, following up on guest requests, and handling of VIP guests.
- Making sure that all food at point of delivery is of the highest quality.
- Enquiring if any clients have allergies and then cooking meals accordingly.
- Responsible for high standards of food, hygiene, and health and safety.
- Keeping an eye on the temperature of cookers and roasters.
- Assisting the catering manager to price up menus.
- Deciding what quantities are to be cooked and the amount of portions to be served.
- Constantly checking the quality of the food being served to customers.
- Checking staff to make sure they are wearing appropriate clothing whilst in the kitchen.
- In charge of stock control for the freezers, pantries and store rooms.
- Encouraging junior staff in their training and development.
- Contacting suppliers and ordering vegetables, meats, kitchen and cleaning equipment.
- Controlling stock rotation to ensure the kitchen and larder are always well stocked.
- Special on Indian, Italian, Continental and Nepali Food knowledge.
- Worked as **Comiss-I** within special of **(Continental & Indian)**.
- Home style cooking nineteen years of experience serving you in Thamel.
- Provides delicious Bakery items.

### **Awards**

- Awarded as A1 in the MSC English Test while working in the null department as NULL in MSC Cruises.



राहदानी /  
**Passport**



प्रकार/ Type  
P

थर/ Surname  
**SHRESTHA**

नाम/ Given Names

SITA RAM

राष्ट्रियता/ Nationality

NEPALESE

जन्म मिति/ Date of Birth

30 APR 1979

लिङ्ग / Sex

M

जारी मिति/ Date of Issue

11 MAR 2020

મ્યાદ સકિને મિતિ/ Date of Expiry

10 MAR 2030

नेपाल NEPAL

प्रकार/ Type	मुलुक संकेत/ Country Code
P	NPL

राहदानी नं./ Passport No.  
**11900934**



नागरिकता नं/ Citizenship No.

64973

जन्मस्थान/ Place of Birth

NUWAKOT

जारी गर्ने निकाय / Issuing Authority  
MOFA, DEPARTMENT OF PASSPORT

वाहकको सही/ Holder's Signature

~~25/11/20~~

The Ministry of Foreign Affairs, Government of Nepal, requests and requires whom it may concern to allow the holder to pass freely, without let or hindrance and to afford him or her every assistance and protection, which he or she may stand in need of.

Signature of the Issuing Officer  
**Passport Officer**  
Designation:



P<NPLSHRESTHA<<SITA<RAM<<<<<<<<<<<<<<<<<<

11900934<1NPL7904303M300310564973<<<<<<<12

निकटतम व्यक्ति/ Next of Kin

RATNA SHOVA SHRESTHA

नाता/ Relationship

WIFE

ठेगाना/ Address

CHAPABOT, 05 LIKHU, NUWAKOT

प्राप्तो यात्रा अनुमतिपत्र नं. तथा जारी भएको मिति र स्थान/ Old Travel Document No. with Date and Place of Issue  
08120841 21 NOV 2014 KATHMANDU



संकेत नं./ Ref. No.

DPY00068535

3-

### 30 FOREIGN EXCHANGE FOR TRAVELLING EXPENSES

No entries to be made on this page except by authorized  
Bank or Travel Agency

Date	Serial number of Exchange Control Application Forms	Amount Issued	Seal of Bank or Travel Agent Issuing Foreign Exchange
			





**MARINE ADVISORS CORPORATION CENTER, INC.**  
**GIRIK MARITIME ACADEMY**



*Certifies that:*

**\*\*\* SITA RAM SHRESTHA \*\*\***

**Passport/ID No.: 08120841**

Successfully completed the training course in:

**ELEMENTARY FIRST AID**  
**(IMO MODEL COURSE 1.13)**

*The course fulfills minimum requirements of Regulation VI/1, Section A-VI/1 and Table A-VI/1-3  
of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers STCW /78, as amended.*


*On PRESENTIAL in INDIA for 15 hours, from June 7, 2021 to June 8, 2021*

This course has been approved by Panama Maritime Authority by means of Resolution DGGM-CFM-066-2019, of November 25 th , 2019.

Issued on June 23, 2021

Expires on June 23, 2026



  
Eng. Javier O. Castillo T.  
MACC Academic Manager







**MARINE ADVISORS CORPORATION CENTER, INC.  
GIRIK MARITIME ACADEMY**



*Certifies that:*

**\*\*\*SITA RAM SHRESTHA \*\*\***

**Passport/ID No.: 08120841**

Successfully completed the training course in:

**PROFICIENCY IN PERSONAL SURVIVAL TECHNIQUES  
(IMO MODEL COURSE 1.19)**

*The course fulfills minimum requirements of Regulation VI/1, Section A-VI/1 and Table A-VI/1-1  
of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers STCW /78, as amended.*


*On PRESENTIAL in INDIA for 14 hours, June 14, 2021 to June 16, 2021.*

This course has been approved by Panama Maritime Authority by means of Resolution DGGM-CFM-066-2019, of November 25 th , 2019.

Issued on June 23, 2021

Expires on June 23, 2026



  
Eng. Javier O. Castillo T.  
MACC Academic Manager





**MARINE ADVISORS CORPORATION CENTER, INC.**  
**GIRIK MARITIME ACADEMY**



*Certifies that:*

**\*\*\*SITA RAM SHRESTHA \*\*\***

**Passport/ID No.: 08120841**

Successfully completed the training course in:

**FIRE PREVENTION AND FIRE FIGHTING**  
**(IMO MODEL COURSE 1.20)**

*The course fulfills minimum requirements of Regulation VI/1, Section A-VI/1 and Table A-VI/1-2  
of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers STCW /78, as amended.*


*On PRESENTIAL in INDIA for 15 hours, from June 9, 2021 to June 10, 2021.*

This course has been approved by Panama Maritime Authority by means of Resolution DGGM-CFM-066-2019, of November 25 th , 2019.

Issued on June 23, 2021

Expires on June 23, 2026



  
Eng. Javier O. Castillo T.  
MACC Academic Manager







**MARINE ADVISORS CORPORATION CENTER, INC.  
GIRIK MARITIME ACADEMY**



*Certifies that:*

**\*\*\* SITA RAM SHRESTHA \*\*\***

**Passport/ID No.: 08120841**

Successfully completed the training course in:

**PERSONAL SAFETY AND SOCIAL RESPONSIBILITIES  
(IMO MODEL COURSE 1.21)**

*The course fulfills minimum requirements of Regulation VI/1, Section A-VI/1 and Table A-VI/1-4  
of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers STCW /78, as amended.*


*On PRESENTIAL in INDIA for 20 hours, from June 17, 2021 to June 19, 2021.*

This course has been approved by Panama Maritime Authority by means of Resolution DGGM-CFM-066-2019, of November 25 th , 2019.

Issued on June 23, 2021

Expires on June 23, 2026



  
Eng. Javier O. Castillo T.  
MACC Academic Manager





**MARINE ADVISORS CORPORATION CENTER, INC.  
GIRIK MARITIME ACADEMY**



*Certifies that:*

**\*\*\* SITA RAM SHRESTHA \*\*\***

**Passport/ID No.: 08120841**

Successfully completed the training course in:

**SECURITY TRAINING FOR SEAFARERS WITH DESIGNATED  
SECURITY DUTIES  
(IMO MODEL COURSE 3.26)**

*The course fulfills minimum requirements of Regulation VI / 6, Paragraphs 4-6, Section A-VI / 6, Paragraphs 6-8 and Table A-VI / 6-2 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers STCW /78, as amended; Chapter XI-2 of the SOLAS/74, as amended and ISPS Code.*


*On PRESENTIAL in INDIA for 9 hours, from June 11, 2021 to June 12, 2021*

This course has been approved by Panama Maritime Authority by means of Resolution DGGM-CFM-066-2019, of November 25 th , 2019.

Issued on June 23, 2021

Expires on June 23, 2026



  
Eng. Javier O. Castillo T.  
MACC Academic Manager





**CROWD MANAGEMENT & CRISIS MANAGEMENT AND HUMAN BEHAVIOUR**

CERTIFICATE Nr 030/2014

We hereby state that Mr. / Ms **Shrestha, Sita Ram**

Born in **Nepal** on **30/04/1979**

Entered in the registers of the Marine Department of **NUOROKOI**

With passport **3831077**

Has effected on board of passenger ships , other than Ro-Ro passenger ships the instruction and training pursuant , **Crowd Management - Crisis Management and Human Behaviour Course** in accordance with STCW Section A- V/2 ,paragraph 1-3 of the IMO STCW as amended .

Date of issued of this statement **05/04/14**

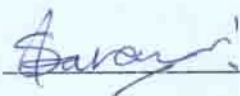
Ship's Name

**MSC Magnifica**

Valid from: **05/04/14** To: **04/04/19**

Ship's seal

Signature of the holder of this Statement



Master's Signature



Maresca, Giuseppe



This is to certify that  
**Sita Ram Shrestha**  
Working in the **NULL** Department  
as **NULL**  
on **10/06/2019** has been awarded **A1**  
in the **MSC English Test**





# EMPLOYEE OF THE MONTH

## THE BLACK JACK DINING FACILITY

SELECTS

## MR. SITA RAM SHRESTHA

as the Employee of the Month for October 2004. Mr. Sita Ram Shrestha's positive attitude and dedication to his job is a major contributing factor in the success of the dining facility.

  
KBR Representative Signature

  
G.C.C. Representative Signature

  
Military Representative Signature

*1 Oct 04*  
Date

Date

*1 Oct 04*  
Date



ARMY ST. J. COHEN

# US ARMY SFC KELVIN M. SPENCER SENIOR FOOD OPERATIONS



HDC 15th FSB 1CD  
APO, AE 09379  
Baghdad, Iraq

E-MAIL kelvin.spencer@us.army.mil  
Kelvinspencer1@aol.com



## LETTER OR RECOMMENDATION

28 JULY 2004

### TO WHOM IT MAY CONCERN:

Mr. Sita Ram Shrestha held the position of cook/salad maker from February 25 2004 to February 25 2005 in Baghdad Iraq. I am SFC Kelvin Spencer U.S.Army, I had the pleasure of overseeing the Dining Facility in Baghdad Iraq during Operation Iraqi Freedom. Mr. Shrestha was employed by Gulf Catering Copy based in Saudi Arabia. His duties included but was not limited to preparing a variety of salads daily for over 10,000 soldiers that dined at Black Jack Dining Facility. He is also capable of working in any area of food service. He has excellent culinary skills and is capable of preparing a variety of delicious and nutritious meals. He was responsible for sanitation, safety and fire prevention. Mr. Shrestha always kept a clean and neat work area free of excessive trash and spills. He is very knowledgeable in all areas food service. Mr. Shrestha can be counted on to be there, he is very punctual and will be an asset to any organization and help them meet their organizational goals.

  
KELVIN M. SPENCER  
SFC, USA  
Senior Food Operations Manager





# LOGCAP III

## Certificate of Achievement

is presented to

**SITA RAM SHRESTA**

LOGCAP III Division Headquarters, Middle East/Central Asia

September 6<sup>th</sup>, 2006

*In recognition of exceptional service to the U.S. Military and KBR by your outstanding efforts in Preparation of the Divisional Food Service operation. You were instrumental in improving the organizational effectiveness of the food preparation provided for the military.*

*Your dedication, professionalism and commitment were essential to the ongoing success of KBR's mission.*

*Thank You for a job WELL DONE!*

  
**Wayne Hightower**  
Regional Area Manager



  
**Kenneth Batie**  
DFAC Manager





Certificate Number: 1154  
MCA Approval Certificate Number: 003652  
**INTERNATIONAL MARITIME SECURITY (IMS)**

No.5 Belmont Farm Business Centre  
Bethersden  
Ashford  
Kent, TN26 3DY  
Email: [ims@intmarsec.co.uk](mailto:ims@intmarsec.co.uk)

Tel: +44 (0)1233 820784

Fax: +44 (0)1233 320041

**PROFICIENCY IN DESIGNATED SECURITY DUTIES BY  
COMPLETING AN APPROVED TRAINING COURSE**

This is to certify that:

**Shrestha Sita Ram**

Date of Birth:

**30/04/1979**

Discharge Book Number or other  
National I/D:

**3831077**

has successfully completed a programme of training approved by the UK Maritime and Coastguard Agency, meeting the requirements laid down in:

**STCW '78 as amended, Regulation VI/6 paragraph 4 and  
STCW Code Section A-VI/6 paragraphs 6-8 and  
incorporates Proficiency in Security Awareness laid down in  
Regulation VI/6 and STCW Code Section A-VI/6**

This Certificate is issued under the authority of the Maritime and Coastguard Agency of the United Kingdom of Great Britain and Northern Ireland, an executive agency of the Department for Transport.

*Signature of Principal or  
Authorised Representative  
of the Centre Approved to  
Provide the Training*

*Approved Company  
Stamp and Date*



*Signature of person to  
whom this certificate  
was issued*

Date **07/03/14**

Enquiries concerning this certificate should be addressed to the Issuing Authority at the address above.



**REPÚBLICA DE PANAMÁ**  
**AUTORIDAD MARÍTIMA DE PANAMÁ**  
**DIRECCIÓN GENERAL DE LA GENTE DE MAR**

Este documento ha sido expedido de acuerdo con las leyes y reglamentaciones vigentes de la República de Panamá y de conformidad con el Convenio 108 relativo a los Documentos de Identidad de la Gente de Mar 1958, de la Organización Internacional del Trabajo y del Artículo VI del Convenio Internacional sobre Normas de Formación, Titulación y Guardia, para la Gente de Mar STCW 78, en su forma enmendada.

El Gobierno de la República de Panamá solicita a las autoridades de los Gobiernos ante quienes se presente este documento, facilitar a su titular el ejercicio de sus derechos con sujeción a las condiciones previstas en los Convenios mencionados, como, recíprocamente, de acuerdo con los convenios internacionales, la República de Panamá hace en casos similares.

**REPUBLIC OF PANAMA**  
**PANAMA MARITIME AUTHORITY**  
**GENERAL DIRECTORATE OF SEAFARERS**

This document has been issued in accordance with laws and regulations in force in the Republic of Panama and with Convention 108 relating to identification Documents for Seafarers, 1958 of the International Labor Organization and Article VI of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, STCW 78, as amended.

The Government of the Republic of Panama requests the authorities of the Governments before which this documents is exhibited to facilitate to its holder the exercise of his rights subject to the conditions prescribed in the above mentioned Convention, such as the Republic of Panama does, reciprocally, in accordance with international agreements.



Nombre Name  
**SITA RAM SHRESTHA**

País de Nacimiento Country of Birth  
**NEPAL**

No. de Pasaporte Passport No.  
**31077**

Ocupación Occupation  
**STEWARD**

Fecha de Nacimiento  
 Date of Birth  
**30/APR/1981**

Fecha de Expedición Date of Issuance  
**22 APR 2013**

Fecha de Expiración Expiration Date  
**22 APR 2018**

**CTB804434**

Lugar de Expedición  
 Place of Issuance

**MANILA**

Oficial de Expedición  
 Issuance Officer

**ENGR. CARLOS ARENAS**

No. **896265**

SS





**MARITIME COLLEGE NO.1**  
**THE CENTRE OF MARITIME WORKING DEVELOPMENT**

**CERTIFICATE OF COMPLETION**

*This certificate is issued to Mr:* **SITA RAM SHRESTHA**  
*Passport number:* **08120841**  
*Nationality:* **NEPALESE**

*Fully participated in training course on:*

**SHIP COOK**

*"Practical cookery, food and personal hygiene, food storage, stock control,  
and environmental protection and catering health and safety"*

*From 15 Mar to 19 Mar 2019 (40 hours)*

*Under the 3.2, Standard A 3.2 and Guideline B3.2.2 of the MLC 2006 and  
Resolution ADM No. 068-2013.*

Modality: Face-to-face

Place of the training: Haiphong, Vietnam

**THIS COURSE HAS BEEN APPROVED BY THE PANAMA MARITIME AUTHORITY**  
by means of administrative resolution  
DGGM-CFM-10-2019, VALID UNTIL 24/01/2021



*Signature of the holder*

*Certificate number:* **1903 328/CK-CWD**

*Issued on 19th Mar 2019*



**Capt. Luu Viet Hung**  
**DIRECTOR**



**We Certify Worldwide**

*In order to verify this training course certificate, please email to this [ops.cwd@eduh.edu.vn](mailto:ops.cwd@eduh.edu.vn)*

**Valid for Five (5) years**

POESIA



Government of Nepal

Ministry of Health and Population

शुक्रराज ट्रपिकल तथा सरुवा रोग अस्पताल

Sukraraj Tropical & Infectious Disease Hospital

Teku, Kathmandu, Nepal

Tel. No: 01-4253395, 4253396

## VACCINATION CARD

Card No.: 94

Date : 01-19-2020

Client Name : Sita Ram Shrestha.

Age/Sex : 38y/M.

Address : Newarot Chapkot, 05

Phone No. : 9841503014

Passport No.: 08120841

रोग निरोध खोपको अन्तर्राष्ट्रिय प्रमाण पत्र तल लिखित व्यक्ति

श्री ..... लिङ्ग .....

जन्म मिति ..... दिनांक .....



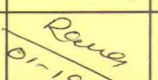
राष्ट्रियता ..... लिङ्ग .....

राष्ट्रिय परिचय पत्र नं. ....

सही ..... लिङ्ग .....

ने तल उल्लेखित भित्तिमा सम्बन्धित रोगको रोग निरोध खोप अन्तर्राष्ट्रिय स्वास्थ्य नियमको

मापदण्ड बमोजिम लिनु भएको प्रमाणित गरिन्छ ।

Manufacturer and batch No. of vaccine or Prophylaxis	Certificate Valid From ..... Until .....	Official stamp of administering centre	Signature of Health Care Provider
			 01-19-2020

International Certificate of vaccination of prophylaxis this is

certify that (Name) .Sita Ram Shrestha.

Date of birth .30.01.19.79. Sex .Male

Nationality .Nepalese.

National Identification document, if applicable .08120841


whose signature follows .....

has on the date indicated been vaccinated or received prophylaxis

against (name of disease or condition)

Malaria, Rubella.

in accordance with the international Health Regulation.

Vaccine or Prophylaxis	Date	Signature and Professional Status of Supervising Clinician
MMR vaccine	01-19-2020 1st dose	 12/11





STATI SCHENGEN



TO WHOM IT MAY CONCERN

We hereby confirm that following crewmembers is/are transferring from: **Kathmandu - Tribhuvan Apt**  
to **Venice** on **01 June 2018** to join the vessel **MSC Sinfonia**, Panama flag in the port of **Venice**  
on **02 June 2018**

N	NAME	POSITION	BIRTH D.	PASSPORT N.
1	Shrestha Sita Ram	1st Cook 2 empl.	30/04/1979	08120841

On his/her/their arrival **Venezia**, he/she/they will be assisted and transferred on board by our agent:

LE NAVI VENETO SRL  
VIALE ANCONA 22  
Italy MESTRE (30172)  
00390412500911  
00390412500987

Very truly yours.

  
MEDITERRANEAN SHIPPING CO. srl  
Corso Italia, 214  
80063 PIANO DI SORRENTO (NA)

Agenzia Marittima

**LE NAVI VENETO Srl**

Cap. Sociale € 100.000,00 int. vers.  
C. C. I. A. A. VE n. 245753  
Trib VE n. 44776 Vol. 2714  
Cod. Fisc. e P. IVA IT02866820273

Agenzia Marittima Le Navi Veneto Srl

30172 MESTRE (VENEZIA) - Viale Ancona. 22

Tel. 041 2500911 ric. aut. - Fax 041 2500987 - 041 2500986



Venezia, 08/05/2018

Spett.le

Consolato Generale d'Italia

5G, Rev. Lalbehari Shah Sarani (gia` New Road) - Alipore, Kolkata 700 027

Tel: 0091-33-24792414, 24792426

Fax: 0091-33-24793892

E-mail: [consolatogenerale.calcutta@esteri.it](mailto:consolatogenerale.calcutta@esteri.it)

Oggetto: Imbarco marittimi di nazionalità indiana sulla nave "**MSC SINFONIA**"

PreghiamoVi cortesemente voler concedere il visto di entrata in Italia ai marittimi che dovranno imbarcarsi sulla nave passeggeri "**MSC SINFONIA**", di bandiera Panamense, prevista arrivare a Venezia il giorno 02/06/2018 alle ore 08.00 e partire il giorno stesso alle ore 17.30

NAME	POSITION	D.O.B.	PLACE OF BIRTH	PASSPORT NO.
SHRESTHA SITA RAM	1ST COOK	30/04/1979	NUWAKOT NEPAL	08120841

Vi confermiamo che assisteremo le persone indicate dall'arrivo in aeroporto fino all'imbarco sulla nave "**MSC SINFONIA**".

Si allega certificazione della Capitaneria di Porto di Venezia, che attesta che per la nave "**MSC SINFONIA**" è stata pubblicata domanda di approdo nel porto di Venezia.

RingraziandoVi anticipatamente, porgiamo distinti saluti.

**LE NAVI VENETO s.r.l.**

V.le Ancona 22 - 30172 MESTRE VE

Tel. 0412500911 Fax 0412500987

Le Navi Veneto S.r.l.  
Raccomandario Marittimo  
GIUSEPPE BIANCO





Government of Nepal  
**MINISTRY OF HOME AFFAIRS**  
**POLICE HEADQUARTERS**  
**Crime Investigation Department**

Post Box-407

Kathmandu, Nepal

**(Character Verification Section)**



Phone:- 00977-1-4412783

Fax: 00977-1-4412602

Email: [chalchalan@nepalpolice.gov.np](mailto:chalchalan@nepalpolice.gov.np)

Date: 08 Sep 2023

Dispatch No: 2080-374043

**Police Clearance Certificate**

**Full Name :** Sita Ram Shrestha

**Father Name :** Sanurup Bahadur Shrestha

**Address :** Likhu 5, Nuwakot, Nepal

**Date of birth :** 30 April 1979

**Gender :** Male

**Nationality :** Nepali

**Citizenship No. :** 64973

**Citizenship Issued** Nuwakot

**Passport No. :** 11900934

**Passport Issuing** MOFA, Department  
of Passport



**Status:**

He has no criminal record against him till 07 September 2023 , as verified from central police crime database.

Uddhav pokhrel  
(Police Inspector)

**Note:**

- To verify this document, visit [www.opcr.nepalpolice.gov.np/#/crossVerify](http://www.opcr.nepalpolice.gov.np/#/crossVerify) or contact PHQ, Character Verification Section.
- Any erasure or amendment in this certificate makes it invalid.
- If the details mentioned in this Certificate is forged, the person conducting such forgery shall be liable up to seven years of imprisonment and fine up to seventy thousand rupees pursuant to the National Penal Code 2074 (2017).



# GIRIK INSTITUTE OF MARITIME STUDIES

26-First Floor, B wing, Sai Chambers, Sector 11, C.B.D Belapur, Navi Mumbai – 400 614 India,  
Phone: 022-41272900 Email: [info@girikworld.com](mailto:info@girikworld.com) Website: [www.girikworld.com](http://www.girikworld.com)

CERT. NO.

B10/CCM/07/06/2023

This is to certify that Mr. / Ms. SITA RAM SHRESTHA  
Date of Birth 30.04.1979 Holder of C.D.C No. -  
and Passport No. 11900934 ID -  
Certificate of Competency, (if any) Grade - No. -  
Indian National Data base (INDOS NO.) - has successfully  
completed a training course for Certificate of Proficiency in.

## Crowd & Crisis Management

*This course is conducted in accordance with the STCW Code, section V/2.8, V/3.8 and annexes A-V/2.5, A-V/3.5. Provide participants with basic knowledge and skills regarding the principles of management and organization of large accumulations of personnel in an emergency.*

Held From 26.06.2023

To 28.06.2023



Signature of Candidate

Course-in-Charge

28.06.2023

Date of Issue

Principal/Director  
Deepak Kumar Verma

**The Course Has Been Conducted In Virtual Mode**

All enquiries regarding this certificate should be addressed to the issuing authority at the above address.



# SEAFARER MEDICAL FITNESS CERTIFICATE

This seafarer medical certificate complies with STCW Code, section A-I/9 or ILO-73 Panama & Maltese medical standards or as approved by countries with a reciprocal recognition agreement, "Guidance for conducting medical fitness examination for seafarers."

Last Name (Family Name) <b>SHRESTHA</b>	First Name <b>SITA</b>	Second Name <b>RAM</b>
Date of Birth <b>30 / APR / 1979</b>	Country of Birth <b>NUWAKOT (NEPAL)</b>	Nationality <b>NEPALI</b>
Department Deck <input type="checkbox"/> Engine <input type="checkbox"/> Other <input type="checkbox"/> Please specify:		
Passport No. / Discharge Book No. / Identity Card No. <b>11900934</b>		Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>



## Declaration of duly qualified medical practitioner



	Yes	No
Confirmation that applicant's identification documents were checked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing meets the standards in STCW Code, section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual acuity meets standards in STCW Code, section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Colour vision meets standards in STCW Code, section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual aid required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fit for lookout duties?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is applicant suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

This is to certify that I have examined the applicant and that my findings are recorded in this medical report

Result:

Fit for Sea Duty ☒ Unfit for Sea Duty ☐ \*\*Fit with limitations or restrictions ☐

\*\*Please specify limitations or restrictions, if any:

Signature of Qualified Medical Practitioner 	Applicant's Signature (Signed in the presence of medical practitioner) 
<b>DR. MANILA SHRESTHA</b> NMC NO: 6054 Medical Practitioner's Stamp	<b>10 / 07 / 2023</b> Date Issued (day/month/year)

Validity **09 / 07 / 2025**

This medical certificate shall remain valid for a maximum period of two years unless the seafarer is under the age of 18, or if restricted, in which case the maximum period of validity shall be one year.



## PRE-EMPLOYMENT MEDICAL PRACTITIONER DECLARATION

This seafarer medical certificate complies with STCW Code, section A-I/9 or ILO-73 Panama & Maltese medical standards or as approved by countries with a reciprocal recognition agreement, "Guidance for conducting medical fitness examination for seafarers."

First Name: <u>SITA RAM</u>		Last Name: <u>SHRESTHA</u>	
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> (if other, please state in comments)		Nationality: <u>NEPALI</u>	Country of residence: <u>NEPAL</u>
Date of Birth: <u>30/APR/1979</u>		Crew Position:	Vessel: <u>MSC</u>
Crew ID: <u>MSC : 65715</u>		Passport Number: <u>11900934</u>	Seaman's Book Number:


Does the seafarer have, or ever had any of the following conditions?	Yes	No	Does the seafarer have, or ever had any of the following conditions?	Yes	No
1. Eye / Vision problems (incl. glasses and or contact lenses)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Skin disorders, rashes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Ear (incl. hearing), Nose and Throat problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Allergies, anaphylaxis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Neurological disorders (incl. seizures, dizziness, fainting, stroke, loss of memory / consciousness / balance, severe headaches)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Blood disorders (incl. haematological malignancy)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Mental disorders (incl. depression, attempted suicide, insomnia, schizophrenia, bipolar, anxiety, ADHD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Genital & Urological disorders (incl. prostate, uterus, cervix, bladder)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Thyroid disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Infectious diseases (incl. TB, HIV, Syphilis, Hepatitis B, Malaria)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Shortness of breath, Asthma, COPD, Pulmonary Embolism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Tumours, lumps (incl. malignant and benign)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Cardiac disorders (incl. chest pain, heart attack, valvular disease)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21. Hernia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Vascular disease, varicose veins, varicocele, haemorrhoids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Neck or back problems, restricted mobility	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. High blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Joint pain, numbness, pins & needles	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24. Dislocation, fracture, amputation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Kidney disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25. Serious accidents or illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Digestive disorders (incl. gastritis, GERD, bowel disorders)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Any medical conditions not mentioned on this form	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Liver disorders, Jaundice, Pancreatitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FOR FEMALES: Do you think you may be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

**TO BE FILLED OUT BY MEDICAL PRACTITIONER. If "yes" to any of the above questions, please give details:**

Additional questions	Yes	No	
Have they ever been hospitalised or had any type of surgery?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	When? What for?
Has the medical certificate even been restricted/revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	When? What for?
Are they taking any non-prescription/prescription medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	What? What for?
Have they ever received a blood transfusion?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	When? What for?
Have they ever been signed off sick or repatriated from a ship?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	When? What for?
Do they smoke or ever smoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	How many per day? When did they quit?
Do they drink alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	How many units per day? Per week?
FOR PRACTITIONER: I confirm that I have reviewed the above information with the applicant. The applicant has consented to physical examination and testing.			

MEDICAL PRACTITIONER NAME: <u>Dr. Manila Shrestha</u>	MEDICAL PRACTITIONER SIGNATURE: 
MEDICAL PRACTITIONER REGISTRATION NUMBER: <u>NMC 6054</u>	MEDICAL PRACTITIONER STAMP:  <div style="text-align: center;"> <b>DR. MANILA SHRESTHA</b>  <b>NMC NO: 6054</b> </div>
MEDICAL PRACTITIONER EMAIL ADDRESS: <u>babamedicalpvt@gmail.com</u>	
MEDICAL PRACTITIONER PHONE NUMBER: <u>+977-9841371523</u>	





# PRE-EMPLOYMENT PHYSICAL EXAMINATION

This seafarer medical certificate complies with STCW Code, section A-I/9 or ILO-73 Panama & Maltese medical standards or as approved by countries with a reciprocal recognition agreement, "Guidance for conducting medical fitness examination for seafarers."

First Name: SITA RAM

Last Name: SHRESTHA

## PHYSICAL EXAMINATION

Height <u>167</u> cm		Weight <u>69</u> Kg		BMI <u>24.82</u>		Systolic BP <u>134</u> mmHg		
Saturation <u>96</u> %		Resp Rate <u>15</u> /min		Pulse <u>86</u> /min; Regular Y/N		Diastolic BP <u>80</u> mmHg		
<b>1. NEUROLOGY</b>	Normal	Abnormal	<b>9. RECTAL</b>	No	Yes	<b>16. WRISTS</b>	Normal	Abnormal
Motor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Haemorrhoids	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pronation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sensory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fistula	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supination	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>10. SKIN</b>	No	Yes	Dorsiflexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gait	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plantar flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. HEENT</b>	Normal	Abnormal	Wounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>17. FINGERS</b>	Normal	Abnormal
Mouth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>11. PSYCHIATRY</b>	Normal	Abnormal	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tonsils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mood & Affect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>18. LUMBAR</b>	Normal	Abnormal
Pharynx	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thought & Speech	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anterior flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>12. EXTREMITIES</b>	No	Yes	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varicose Veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lateral flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Oedema	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Scars	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>19. HIPS</b>	Normal	Abnormal
<b>3. NECK</b>	Normal	Abnormal	Discolouration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nodes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Deformities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>RANGE OF MOVEMENT</b>			Abduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4. BREAST</b>	No	Yes	<b>13. CERVICAL SPINE</b>	Normal	Abnormal	Adduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tenderness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Forward flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Internal rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Masses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	External rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5. RESPIRATORY</b>	Normal	Abnormal	Lateral flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>20. KNEES</b>	Normal	Abnormal
Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Auscultation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>14. SHOULDERS</b>	Normal	Abnormal	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6. CARDIAC</b>	Normal	Abnormal	Forward elevation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ligaments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Backward elevation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>21. ANKLES</b>	Normal	Abnormal
Auscultation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dorsiflexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7. ABDOMEN</b>	Normal	Abnormal	Internal rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plantar flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	External rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inversion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Palpation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>15. ELBOWS</b>	Normal	Abnormal	Eversion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	No	Yes	Retained flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>22. FEET</b>	Normal	Abnormal
Hernias	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>8. PELVIS</b>	Normal	Abnormal	Pronation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
External genitalia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Deformities	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS: NAD



This seafarer medical certificate complies with STCW Code, section A-I/9 or ILO-73 Panama & Maltese medical standards or as approved by countries with a reciprocal recognition agreement, "Guidance for conducting medical fitness examination for seafarers."

First Name: <u>SITA RAM</u>	Last Name: <u>SHRESTHA</u>
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VISION							
GLASSES/ CONTACT LENSES?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, state type and purpose:				
COLOUR VISION	Normal	Abnormal	FIELD VISION			VISION ADEQUATE FOR POSITION?	
Ishihara test	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Normal	Abnormal		
Snellen test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left eye	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>
Bostrom Kugelberg (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	Right eye	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>

HEARING							
Information on the use of hearing protection provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Speech & whisper test (if abnormal perform audiometry)			Normal	<input checked="" type="checkbox"/>
Any subjective signs of impaired hearing or dizziness?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>				Abnormal	<input type="checkbox"/>
AUDIOMETRY (if applicable)	500hz	1000hz	2000hz	3000hz	4000hz	6000hz	8000hz
Right Ear	<u>1000hz</u>	<u>1000hz</u>	<u>1000hz</u>	<u>1000hz</u>	<u>1000hz</u>	<u>1000hz</u>	<u>1000hz</u>
Left Ear	<u>1000hz</u>	<u>1000hz</u>	<u>1000hz</u>	<u>1000hz</u>	<u>1000hz</u>	<u>1000hz</u>	<u>1000hz</u>

COMMENTS:

LABORATORY TEST RESULTS							
COMMUNICABLE DISEASES		BLOOD MARKERS		URINALYSIS		URINE DRUG SCREEN	
HAV (Hepatitis A Virus)	<u>Negative</u>	Hb	<u>13.7</u>	Leucocytes	<u>Negative</u>	Amphetamines	<u>Negative</u>
HBs Ag (Hepatitis B Virus)	<u>Negative</u>	PLT	<u>249000</u>	Blood	<u>Not seen</u>	Opiates / Opioids	<u>Negative</u>
HCV (Hepatitis C Virus)	<u>Negative</u>	Total WBC	<u>6500</u>	Nitrites	<u>Negative</u>	Cocaine	<u>Negative</u>
HIV	<u>Negative</u>	BUN	<u>29</u>	Ketones	<u>Negative</u>	Benzodiazepines	<u>Negative</u>
VDRL (Syphilis) (RPR or TPHA)	<u>Non-Reactive</u>	Creatinine	<u>0.8</u>	Bilirubin		Cannabis / THC	<u>Negative</u>
TB TESTS (where applicable)		ALT	<u>18</u>	Protein	<u>Nil</u>		
QuantiFERON		AST	<u>28</u>	Glucose	<u>Nil</u>		
Serial sputum		GGT	<u>15.6</u>				
		Fasting Total Cholesterol	<u>130.0</u>				
		HbA1c	<u>5.9</u>				

OTHER TESTS (attach reports)	
BLOOD GROUP	ABO: <u>'A'</u> Rh: <u>+ve</u>
CHEST X-Ray (attach report)	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Note:
Electrocardiogram (attach report)	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Note:
COMMENTS: <u>NAD</u>	



# PRE-EMPLOYMENT PHYSICAL EXAMINATION

This seafarer medical certificate complies with STCW Code, section A-I/9 or ILO-73 Panama & Maltese medical standards or as approved by countries with a reciprocal recognition agreement, "Guidance for conducting medical fitness examination for seafarers."

First Name: SITA RAM Last Name: SHRESTHA

## VACCINATION RECORD

(Valid vaccination card required for embarkation)

Name of Vaccination	Date of last Vaccination	Name of Vaccination	Date of last Vaccination	Name of Vaccination	Date of last Vaccination
Varicella		Tuberculosis			
MMR	1st 01-19-2020 2nd 02-17-2020	Tetanus			
Hepatitis A&B (for medical and medical spa staff)		Yellow Fever (for assignments in areas where this is a requirement)			

## HISTORY

Occupational: NORMAL

Family: NAD

Physiological: GOOD

Lifestyle: NORMAL

Other: GOOD

Note:

**FIT FOR SEA SERVICE**



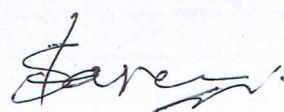



# PRE-EMPLOYMENT PHYSICAL EXAMINATION

This seafarer medical certificate complies with STCW Code, section A-1/9 or ILO-73 Panama & Maltese medical standards or as approved by countries with a reciprocal recognition agreement, "Guidance for conducting medical fitness examination for seafarers."

First Name: <u>SITA RAM</u>	Last Name: <u>SHRESTHA</u>
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FINAL ASSESSMENT OF FITNESS FOR SERVICE AT SEA		
Work restrictions?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Note:	
Able to perform all activities of their job?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Note:	
Based on the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:		
<input checked="" type="checkbox"/> <b>FIT FOR SEA DUTY</b> Crew member is not suffering from any physical or mental condition making him / her unfit for service.	<input type="checkbox"/> <b>UNFIT FOR SEA DUTY</b> Please specify reason:	<input type="checkbox"/> <b>FIT WITH LIMITATIONS OR RESTRICTIONS</b> Please specify limitations or restrictions, if any:

CREW MEMBER'S DETAILS	
(Forms without CREW MEMBER'S contact details will not be accepted)	
Full Name (please print): <u>Sitaran Shrestha</u>	Signature: 
Address: <u>Nuwakot (Nepal)</u>	Phone number: <u>9841503014</u>

MEDICAL PRACTITIONER DETAILS	
(Forms without MEDICAL PRACTITIONER'S contact details will not be accepted)	
Full Name (please print): <u>Dr. Mani la Shrestha</u>	Signature: 
Licence number: <u>NMC : 6054</u>	Phone number: <u>+977 - 9841371523</u>

Home address and email: BABA MEDICAL CENTER PVT. LTD  
babamedicalpvt@gmail.com

10 - 07 - 2023

(day - month - year)  
Date Issued

MEDICAL PRACTITIONER STAMP

**DR. MANILA SHRESTHA**  
NMC NO: 6054

This medical certificate shall remain valid for a maximum period of two years unless the seafarer is under the age of 18, or if restricted, in which case the maximum period of validity shall be one year.



Approved by  
The Government of Nepal  
**BABA MEDICAL CENTER PVT. LTD.**



### X-Ray Requisition Form and Report

Name: SITA RAM SHRESTHA

Age/Sex: 28/M

Ref F.H.C: .....

X-Ray Requested: Chest PA view.....

Date: 10/07/2023

Id No: R- 888

12"\*15"

10"\*12"

Report:

#### CHEST X-RAY PA VIEW:

- Soft tissues and thoracic cage normal
- Both constophrenic angle clear
- Both lung field clear
- Cardiac and hilar shadow normal

IMPRESSION: NORMAL STUDY

Assoc. Prof. DR. AMIT SHRESTHA  
Consultant Radiologist  
NMC NO: 3379

NOTE: THIS REPORT IS VALID FOR 2 YEARS FROM THE DATE OF MEDICAL EXAMINATION.





Approved by  
The Government of Nepal

# BABA MEDICAL CENTER PVT. LTD.



DATE :10-07-2023

NAME:- SITA RAM SHRESTHA

AGE/SEX:- 44/M

PASSPORT NUMBER:-11900934

## PHYSICAL EXAMINATION:

## GENERAL EXAMINATION:

Height:167 cm Weight: 69 kg. BP: 134/80 mm/hg Pulse: 86/min Respiration:15 /min Temperature:98.0F  
Jaundice: NAD Paller : Absent Cynosis: Absent Clubbing: Absent Oedema: Absent

Ascitis : Absent Lymph Node: Absent. BMI:24.82

Heart: S 1 S 2 M Chest: B/L Clear Abdomen: NAD Skin: Not seen any scar.

Dental Examination: Hygienic and healthy teeth.

AUDIOMETRY EXAMINATION: O/E hearing normal, on autos cope examination-B/L eardrum intact is good.

Color Vision: R. Eye: Normal

L. Eye: Normal

Visual Test: R. Eye: 6/6

L. Eye: 6/6

## SPIROMETRY EXAMINE:

- Forced vital capacity (FVC) - Normal

- Forced Expiratory volume (FEV) - Normal

## To whom it may concern

This is to certify that **Mr. SITA RAM SHRESTHA** with Date of birth **30/APR/1979** and passport no **11900934** from Nepal is examined today. During my examination, he has got no signs and symptoms of psychiatric illness and other communicable diseases. He is mentally and physically fit to perform his duty in various difficult and distressful situations in aboard.

**HE IS MEDICALLY FIT FOR THE MENTIONED JOB.**

**DR. MANILA SHRESTHA**

**REG NO: 6054**

.....  
Doctor Name & Signature

**NOTE: THIS REPORT IS VALID FOR 2 YEARS FROM THE DATE OF MEDICAL EXAMINATION.**



Approved by  
The Government of Nepal  
**BABA MEDICAL CENTER PVT. LTD.**



Name : SITA RAM SHRESTHA  
Bill No. : 888  
Lab No. : 888  
Referred By : MSC

Age/ Gender : 44/MALE  
Date : 10/07/2023  
Patient ID : 11900934  
Mobile No. : 9813293952

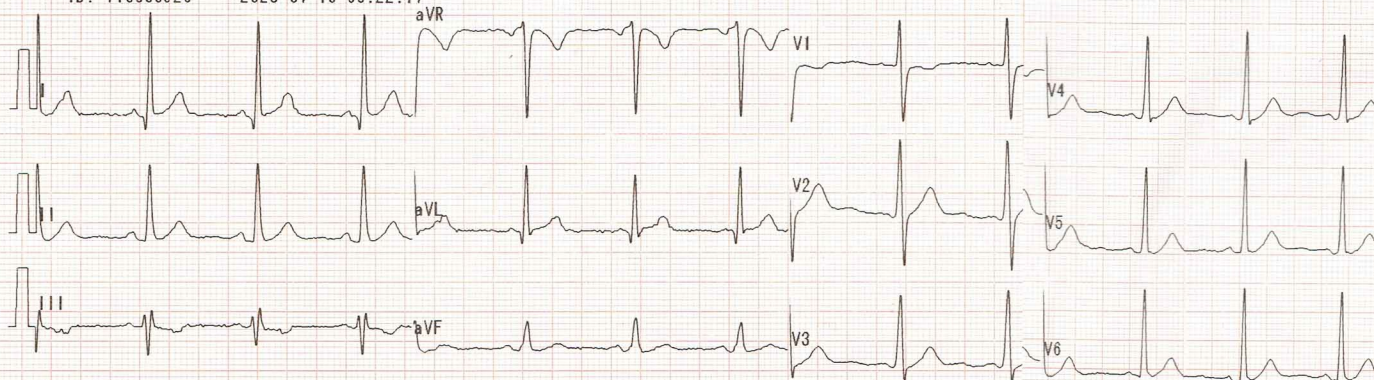
Test Name	Result	Unit	Reference Range
<b>BLOOD MARKERS</b>			
Hemoglobin	13.7	gm%	M 12-17, F 11-14
Platelets Count	249000	cell/cumm	150000-450000
Total WBC Count	6500	cells/cumm	4000-11000
BUN	29.0	mg/dl	10-45
Creatinine	0.8	mg/dl	Male : 0.7-1.2, Female: 0.5-1.0
SGPT	18	IU/L	UPTO 49
SGOT	28	IU/L	UPTO 37
GGT	15.6	IU/L	0 to 30
Fasting Total Cholesterol	130.0	mg/dl	Children: 90-160, Adult: 130-200
HbA1c	5.9	%	4-6.5
<b>COMMUNICABLE DISEASES</b>			
HAV ( Hepatitis A Virus)	Negative		
HBsAg (Heptitis B Virus)	Non- Reactive		
HCV (Heptitis CVirus)	Non- Reactive		
HIV	Non- Reactive		
VDRL (Syphilis) ( RPR or TPHA)	Non- Reactive		
<b>URINALYSIS</b>			
Leucocytes	Negative		
Blood	Negative		
Nitites	Negative		
Ketones	Negative		
Bilirubin	Negative		
Protein	Nil		
Glucose	Nil		
<b>URINE DRUG SCREEN</b>			
Amphetamines	Negative		
Opiates/ Opioids	Negative		
Cocaine	Negative		
Benzodiazepines	Negative		
Cannabis/ THC	Negative		
<b>OTHERS TESTS</b>			
BLOOD GROUP(ABO/Rh)	"A" +VE		

NOTE: THIS REPORT IS VALID FOR 2 YEARS FROM THE DATE OF MEDICAL EXAMINATION.

DR. MANILA SHRESTHA  
NMC NO. 6954



ID: 710000926 2023-07-10 00:22:17



Name : PRAKASH-KC  
ID : 710000926  
BP : mmHg  
Age : 28 yrs  
Gender : Male  
Height : cm  
Weight : kg

Diagnosis Information:  
800: Sinus Rhythm  
121: Clock Wise Rotation  
\*\*\*Normal ECG\*\*\*

HR : 83 BPM  
P Dur : 86 ms  
PR int : 121ms  
QRS Dur : 129 ms  
QT QTC int : 326 381 ms  
P QRS T axis : 54 29 20  
RV5 SV1 amp : 1.664 1.037 mV  
RV5+SV1 amp : 2.701 mV  
RV6 SV2 amp : 1.685 0.914 mV

Minnesota Code:  
3-3-3(1)  
9-4-1(V3)

Technician :

Unconfirmed Report.  
Reviewed By:

avR

avL

avF

V<sub>1</sub>

V<sub>2</sub>

V<sub>3</sub>

V<sub>4</sub>

V<sub>5</sub>

V<sub>6</sub>

Long Strip

## ELECTROCARDIOGRAPHIC FINDINGS

Rhythm : *sinus*  
P-R interval : *⊖*  
P wave : *⊖*  
U wave : *⊖*  
QRS complex : *⊖*

Rate : *⊖*  
QRS interval : *⊖*  
T wave : *⊖*  
ST segment : *⊖*

QRS axis : *⊖*  
Q-T interval : *⊖*  
Q wave : *⊖*

Impression *Normal*

DR. MANILA SHRESTHA  
NMC NO: 6054

Signature of the Physician





Government of Nepal

Ministry of Health and Population

शुक्रराज ट्रपिकल तथा सरुवा रोग अस्पताल  
Sukraraj Tropical & Infectious Disease Hospital

Teku, Kathmandu, Nepal

Tel. No: 01-4253395, 4253396

## VACCINATION CARD

Card No.: 94

Date : 01-19-2020

Client Name: Sita Ram Shrestha.

Age/Sex : 38Y/M

Address : Nuwakot, Chapabot, 05

Phone No. : 9841503014

Passport No.: 08120841

International Certificate of vaccination of prophylaxis this is

certify that (Name) Sita Ram Shrestha

Date of birth 30 Apr 1979 Sex Male

Nationality Nepali

National Identification document, if applicable PP 08120844

whose signature follows [Signature]

has on the date indicated been vaccinated or received prophylaxis

against (name of disease or condition)

Measles, mumps, Rubella.

in accordance with the international Health Regulation.

Vaccine or Prophylaxis	Date	Signature and Professional Status of Supervising Clinician
1 <sup>st</sup> MMR vaccine	01-19-2020 1st dose	<u>[Signature]</u> 4211
2 <sup>nd</sup> MMR vaccine	02-17-2020 (2nd dose)	<u>[Signature]</u> MMC NO: 24730
3		

रोग निरोध खोपको अन्तर्राष्ट्रिय प्रमाण पत्र तल लिखित व्यक्ति

श्री .....

जन्म मिति ..... लिङ्ग .....


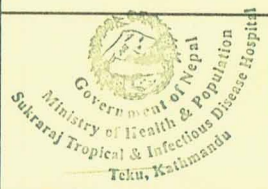

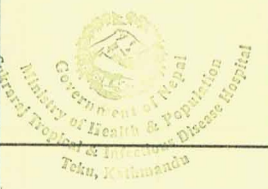
राष्ट्रियता .....

राष्ट्रिय परिचय पत्र नं. ....

सही .....

ले तल उल्लेखित मितिमा सम्बन्धित रोगको रोग निरोध खोप अन्तर्राष्ट्रिय स्वास्थ्य नियमको

मापदण्ड बमोजिम लिनु भएको प्रमाणित गरिन्छ ।

Manufacturer and batch No. of vaccine or Prophylaxis	Certificate Valid From ..... Until	Official stamp of administering centre	Signature of Health Care Provider
			<u>[Signature]</u> 01-19-2020
			<u>[Signature]</u> 02-17-2020





Federal Democratic Republic of Nepal  
Ministry of Health and Population  
(MoHP)

COVID-19 Vaccination Certificate

**Full Name:** SITA RAM SHRESTHA  
**Address:** Nuwakot  
**Nationality:** Nepal  
**Date of Birth (DOB):** 1979-04-30  
**Passport No. :** 11900934  
**Registration ID:** 2721-230709-48759D



Vaccination Details:

NAME OF VACCINE	DOSE	VACCINATION DATE	BATCH NO.
Janssen (Johnson & Johnson)	1 <sup>st</sup>	27 Dec, 2021	211C21A
Janssen (Johnson & Johnson)	Additional	29 May, 2023	211H21A



*This certificate was generated electronically by the Ministry of Health and Population of Federal Democratic Republic of Nepal. And does not require a stamp or signature.  
Any unauthorized manipulation of the document will be subject to legal action as per laws of the Federal Democratic Republic of Nepal.*