

Joseph Ukat

Seafarer

Phone: +2348135678863

E-mail: ukatjoseph@gmail.com

Objective

I strive to obtain a position that fosters my professional growth while empowering me to create a positive and lasting impact within the company.

Personal Information

Gender : Male

Nationality : Nigerian

Date of Birth : 23.01.1994

Education

Maritime Academy Of Nigeria, Oron

National Deploma In Maritime Transport And Businesses Studies

Mar 2013 – Aug 2015

Covenant Polytechnic Aba Abia State

Higher National Deploma In Business Administration And
management

Jan 2019 – Aug 2021

Experience

Procurement And Logistics Officer

Katmar Global Services limited

Nov 2015 – Apr 2018

Deck Cadet

Dewayles Internation Limited

Jan 2023 – Jul 2023

Deck Cadet

Dewayles Internation Limited

Sept 2023 – Mar 2024

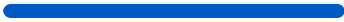
Reference

Director

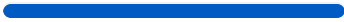
- Capt udeme Ekpo
- Harmelden Marine
- 0701 288 2107
- info@harmelden.com

Skills

Conflict resolution



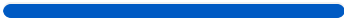
Content management



Critical thinking



Customer Service



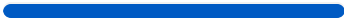
Decision-making



Leadership



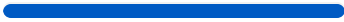
Planning and coordination



Project management



Self discipline



Self discipline



Teamwork



Teamwork





ECONOMIC COMMUNITY
OF WEST AFRICAN STATES

COMMUNAUTÉ ECONOMIQUE DES ÉTATS
DE L'AFRIQUE DE L'OUEST

COMUNIDADE ECONOMICA DOS ESTADOS
DA AFRICA DO ESTE

FEDERAL REPUBLIC OF
NIGERIA

REPÚBLIQUE FÉDÉRALE DU NIGÉRIA
REPÚBLICA FEDERAL DA NIGERIA

PASSPORT

PASSEPORT
PASSAPORTE

Passport / Passeport



Passport No. / N° Passeport

NGA

B02514084

UKAT

Given Names / Prénoms

JOSEPH JOHN

Nationality / Nationalité

NIGERIAN

Date of Birth / Date de Naissance

23 JAN / JAN 94

Sex / Sexe Place of Birth / Lieu de Naissance

M

CALABAR

Date of Issue / Date de Délivrance

05 JAN / JAN 24

Date of Expiry / Date d'Expiration

04 JAN / JAN 29

Previous Passport / Passeport Précédent

NIN

76872921088

Authority / Autorité

PORTHARCOURT

Holder's Signature / Signature du Titulaire

P<NGAUKAT<<JOSEPH<JOHN<<<<<<<<<<<<<<<<<
B025140849NGA9401231M290104276872921088<<<64

RECORD OF SEAFARER'S SEAGOING SERVICE

Name of Vessel, Gross Tonnage or Propulsion Power, IMO number, Type	Date and Place of Engagement	Date and Place of Discharge
MT KEONAMEX VICTORY IMO 927462 GRT 26659	9-1-23 LAGOS	8-7-23 LAGOS
MT KEONAMEX VICTORY IMO 927462 GRT 26659	29-9-23 LAGOS	28-3-24 LAGOS

* Insert KW/BHP for engine room workers, for others insert gross tonnage

* Insert FGN for International Voyage, NCV for Near Coastal Voyage

RECORD OF SEAFARER'S SEAGOING SERVICE

Grade (Rank)	Voyage Description	1. Ship's Stamp and Signature of Master 2. Signature and Official Stamp of Shipping Master	
		1. Master	2. Shipping Master
DECK CADET	NCV	AS PER RECORDS	AS PER RECORDS
DECK CADET	NCV	AS PER RECORDS	AS PER RECORDS

* Insert KW/BHP for engine room workers, for others insert gross tonnage

* Insert FGN for International Voyage, NCV for Near Coastal Voyage



INTERNATIONAL CERTIFICATE OF

This is to certify that (name) UKAT JOSEPH J.
 Nationality NIGERIAN
 whose signature follows [Signature]
 against: (name of disease or condition) Yellow fever

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician
Yellow fever vaccine	04 APR 2004	PORT HEALTH OFFICER FMOH. NIGERIA CODE: 33/01

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

VACCINATION OR PROPHYLAXIS

Date of birth 23:01:1994 Sex MALE
 National Identification document, if applicable.....
 Has on the date indicated been vaccinated or received prophylaxis
 In accordance with the International Health Regulations.

Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from..... until.....	Official stamp of administering centre
Serum Institute LOTW3E66 O-SMB	14:428 4:129	Approved Vaccination Centre Federal Republic of Nigeria

Any amendment of this certificate, or erasure or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

Maritime Academy of Nigeria

P.M.B. 1089, Oron, Akwa Ibom State www.maritimeacademy.gov.ng

Certificate of Proficiency in Basic Training

No **0216920**

This is to certify that

Ukat Joseph John
23rd Jan. 1994

Born on



has successfully completed an approved training in:

Personal Survival Techniques
Fire Prevention and Fire Fighting
Elementary First Aid
Personal Safety and Social Responsibilities

Regulation VV1 and Section A-VI/1, Paragraph 2,1.1.
Regulation VV1 and Section A-VI/1, Paragraph 2,1.2
Regulation VV1 and Section A-VI/1, Paragraph 2,1.3
Regulation VV1 and Section A-VI/1, Paragraph 2,1.4

of the International Convention on Standards of Training, Certification
and Watchkeeping for Seafarers, 1978 (STCW Convention) as amended in 2010

This Certificate is issued under the Authority of the Nigerian Maritime
Administration and Safety Agency (NIMASA).

[Signature]

Instructor

[Signature]

Rector



Original

[Signature]

Holder

9th Feb. 2024

Date

**This Certificate is not valid without the Academy's Official Seal*

Maritime Academy of Nigeria

P.M.B. 1089, Oron, Akwa Ibom State www.maritimeacademy.gov.ng

Certificate of Proficiency in SECURITY AWARENESS

No: **084240**

This is to certify that

Ukat Joseph John

Born on

23rd Jan, 1994

has successfully completed an approved training in:

Security Awareness

Regulation VI/6 and Section A-VI/6, Paragraph 4 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978 (STCW Convention) as amended in 2010.

This Certificate is issued under the Authority of the Nigerian Maritime Administration and Safety Agency (NIMASA).



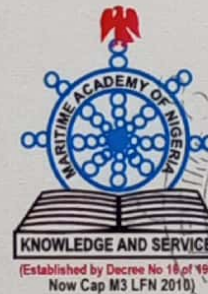
Original

[Signature]

Instructor

[Signature]

Rector



[Signature]

Holder

22nd March, 2024

Date

Maritime Academy Of Nigeria

P.M.B. 1089, Oron, Akwa Ibom State www.maritimeacademy.gov.ng

Certificate of Proficiency in

**SURVIVAL CRAFT AND RESCUE BOATS
(OTHER THAN FAST RESCUE BOATS)**

No **041120**

This is to certify that

Ukat Joseph John

Born on

23rd Jan. 1994



has successfully completed an approved training in:
Survival Craft and Rescue Boats
(Other than Fast Rescue Boats)

Regulation VI/2 and Section A-VI/2, Paragraphs 1-4 of the International Convention on Standards of Training, Certification and Watchkeeping for seafarers, 1978 (STCW Convention) as amended in 2010.

This Certificate is issued under the Authority of the Nigerian Maritime Administration and Safety Agency (NIMASA)

Kim Lawh

Instructor

Amungh

Rector



(Established by Decree No 16 of 1988, Now Cap M83 LFN 2010)



Original

Ukat

Holder

1st March, 2024

Date

**This Certificate is not valid without the Academy's Official Seal*

FEDERAL REPUBLIC OF NIGERIA

222921

NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

SEAFARER'S MEDICAL CERTIFICATE

(NIMASA)**ORIGINAL**

This Certificate is issued by the Government of the Federal Republic of Nigeria in compliance with the requirement of Regulation 1.2 standard A 1.2 of the Maritime Labour Convention, 2006 (MLC '06), as amended and the International Convention on Standards for Training, Certification and Watch keeping for seafarers (STCW) 78 as amended.

Surname: UKAT	Given Names: JOSEPH JOHN
Discharge Book No: SSID NO: D D M M Y Y Y Y Date of Birth: 23 01 1994	Passport No: _____ Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/> Nationality: NIGERIAN

Department: (Tick relevant box)

Deck ☒Engine ☐Catering ☐

Rank _____

Other (specify) _____

Declaration of the recognised doctor

ID checked at the point of examination	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hearing standards as in STCW A I/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Visual acuity standards as in STCW A-I/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Unaided Hearing satisfactory	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Color vision standards as in STCW A-I/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there any limitation or restriction on fitness? Please specify restriction.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of last colour vision test (dd/mm/yy):	18/03/24		

Visual Aids (tick if worn)

Spectacles ☐ Contact lenses ☐**Restrictions****Duties:****Location/Vessel:****Medical/Others:****NIL**

Is the seafarer free 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 onboard?

Yes ☒ No ☐**I have examined the seafarer named above and have found him/her fit for seafaring as below****Medical Fitness Category (tick relevant box)**1. Fit-No Restriction ☒2. Fit-subject to restrictions ☐

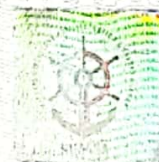
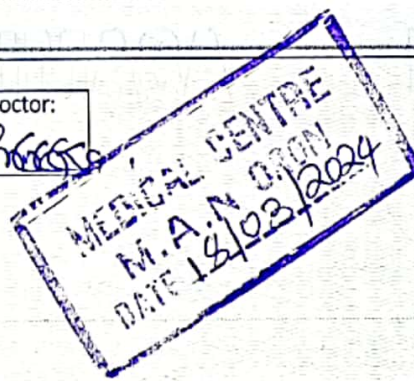
Fit for look-out duty	Deck	Engine	Steward/Others
Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>	Fit <input type="checkbox"/> Unfit <input type="checkbox"/>

Date of Examination **18 03 2024**Expiry Date of Certificate **17 03 2026****Declaration by Seafarer**

I have read and understood the notes overleaf and declare that all answers provided are to the best of my knowledge true. I agree that by withholding any information vital to this medical examination will lead to cancellation and withdrawal of this certificate.

Signature of Seafarer: _____

Name, Signature and Official stamp/seal of Approved Doctor:

Dr Onyegiliwa H Emeky



NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

SEAFARER'S MEDICAL EXAMINATION

PHYSICIAN'S EXAMINATION REPORT FOR SEAFARERS

UNDER REGULATION 1,2, STANDARD A1.2, OF MLC 2006

Name: UKAT Joseph John
(Surname first)

Discharge Book No: _____

APPEARANCE

Healthy looking young man, anicteric, nil pedal oedema.

GENERAL EXAMINATION

Weight: 75kg Height: 1.85m Gait ☒ Normal ☐ Abnormal

Temperature: 36.5°C Blood Pressure: 110/70mmHg Pulse Rate: 70bpm Pallor: nil

Palpable ☐ Impalpable ☒ If palpable, state region/location
Lymph Nodes ☐

SYSTEMIC EXAMINATION

- | | Normal | Abnormal |
|------------------------------------|-------------------------------------|--------------------------|
| (1.) Central Nervous System | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (2.) Cardiovascular System | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (3.) Respiratory System | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (4.) Gastrointestinal System | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (5.) Hernial Orifices | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (6.) Endocrine System | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (7.) Locomotor System | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (8.) Oro-dental | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (9.) Skin (Including Varicosities) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (10.) Ear, Nose & Throat | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(3.) Eyesight

- | | RT | LT |
|-----------------|--|-----------------------------------|
| Visual Acuity | | |
| Without glasses | <u>6/-</u> | <u>6/-</u> |
| With glasses | <u>6/-</u> | <u>6/-</u> |
| Colour Vision | <input checked="" type="checkbox"/> Normal | <input type="checkbox"/> Abnormal |

(1.) Blood Group & Genotype Enter Results
OT &

(2.) Full blood count PCV - 42%

(3.) VDRL ☒ Negative ☐ Positive

(4.) HIV ☒ Negative ☐ Positive

(5.) Hepatitis B Antigen ☒ Negative ☐ Positive

(6.) Widal (for Catering Dept) Amber & Clear PH - 6.5 - 9.0

(7.) Urinalysis Glucose, Protein, Others - nil

(8.) Chest X-Ray with Report ☒ Normal ☐ Abnormal

(9.) Electrocardiogram ☒ Normal ☐ Abnormal

OTHER EXAMINATIONS

- | | Normal | Abnormal |
|-----------------------------------|-------------------------------------|--------------------------|
| (1.) Speech (Voice Communication) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (2.) Hearing | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| - Audiometry | <input type="checkbox"/> | <input type="checkbox"/> |

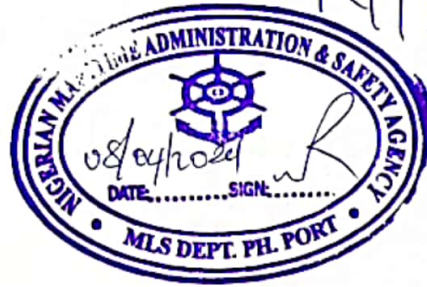
Dr Onyiahwa H Emele
Physician's Name

Physician's Signature & Stamp

Maritime Academy of Nigeria
Physician's Address/Telephone No. 08033619718

19, Wokeh Street,
Eliowhani,
Rumuodara,
Port Harcourt.
8th April, 2024.

Nigerian Maritime Administration & Safety Agency,
Nigerian Port Authority Complex,
Area 1,
Port Harcourt,
Rivers State.



Dear Sir/Madam,

REQUEST FOR REGISTRATION STATUS / NUMBER

I, UKAT, JOSEPH JOHN of the above address wishes to request for Registration Status of my Seafarer Identification Number from the Nigerian Maritime Administration & Safety Agency (NIMASA).

Attached herewith are my credentials for your perusal:

1. Discharge Book No.: NIG-MMO/SS&T/00365PH
2. Date of Birth: 23/01/1994
3. Rank: DECK CADET
4. STCW No.: 0216920

Thanks for your anticipated grant.

Yours faithfully,

Ukat, Joseph John
08135678863



MARITIME ACADEMY OF NIGERIA, ORON

CAMPUS: P. M. B. 1089, ORON, AKWA IBOM
TEL./FAX: 087-775303
e-mail: macademyoron@yahoo.com
website: www.maritimeacademynigeria.org

MAN/13/ND/MS/280

August 30, 2016

Our Ref:.....

Date:.....

Your Ref:.....

OFFICE OF THE REGISTRAR

UKAT, JOSEPH JOHN
SCHOOL OF MARITIME STUDIES
MARITIME ACADEMY OF NIGERIA, ORON

NOTIFICATION OF NATIONAL DIPLOMA EXAMINATION RESULT

I am pleased to inform you that the results of 2015/2016 **NATIONAL DIPLOMA EXAMINATIONS** show that you have satisfied the requirements for graduation and award of **NATIONAL DIPLOMA** in **MARITIME TRANSPORT AND BUSINESS STUDIES** at **PASS** level with effect from **JUNE, 2016**.

The results have been approved by the academic Board of the Maritime Academy of Nigeria, Oron.

The actual award of Diploma/Certificate will be made to you in due course.

Please, accept our congratulations.


Dr. D. J. Essien, MNIM/FCAI
For: Registrar