

## CURRICULUMVITAE OF FRANSISCO ABEL RUHIBA

Names	:	FRANSISCO ABEL RUHIBA	
Rank	:	OILER	
Place/Date of Birth	:	04 <sup>TH</sup> NOVEMBER ,1997	
Address	:	KIGOMA	
Mobile Phone/Home	:	+255756054059	
Email	:	<a href="mailto:frankruhiba@gmail.com">frankruhiba@gmail.com</a>	
Nationality	:	TANZANIAN	
Marital Status	:	SINGLE	
Professional Education	:	MARINE ENGINEER	
Height/Weight	:	163cm/53kg	

### Next of Kin/Emergency Contact

Name	:	HAMIS ABEL RUHIBA
Permanent Address	:	DAR ES SALAAM
Phone/ Home	:	+255755170983
Relation	:	BROTHER

### Next of Kin/Emergency Contact

Name	:	JULIUS GODFREY BILEGA
Permanent Address	:	DAR ES SALAAM
Phone/ Home	:	+255744236797
Relation	:	BROTHER

Travel Document	Number	Authority /Government	Issued Date	Expire Date
Cadet book	CDC 6633	Tasac– TANZANIA	07/11/2023	06/11/2028

Watch keeping Certificates	Number	Authority /Government	Issued Date	Expire Date
Rating forming part of Engineering Watch	03741	Tasac – Tanzania	22/12/2023	NIL

<b>Certificate of STCW78/2010</b>	<b>Number</b>	<b>Authority /Government</b>	<b>Issued Date</b>	<b>Expire Date</b>
Personal Survival Technique	012263	Tasac – Tanzania	14/04/2023	13/04/2028
Fire Prevention and Fire Fighting	011507	Tasac – Tanzania	21/04/2023	20/04/2028
Personal Safety and Social Responsibility	012401	Tasac – Tanzania	31/03/2023	30/03/2028
Elementary First Aid	04841	Tasac – Tanzania	31/03/2023	30/03/2028
Security Awareness Training	9713	Tasac – Tanzania	21/04/2023	NIL
Proficiency in Survival Craft and Rescue Boats	05562	Tasac – Tanzania	12/05/2023	11/05/2028

***Total offshore Sea Time: 07 Months I hereby certify that above information provided by me is true, complete and to my best knowledge in all respect***

PST

No. 012263



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF WORKS AND TRANSPORT  
TANZANIA SHIPPING AGENCIES CORPORATION  
TASAC



MR. FRANSISCO ABEL RUHIBA

This is to certify that.....

04.11.1997

KIGOMA

Date of birth.....Place of birth.....

Has successfully completed an approved **PERSONAL SURVIVAL TECHNIQUES** course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-1 of the STCW Code.


14.04.2023

13.04.2028

Issued on.....Valid Until.....

*Signature of the Holder*



LAMECK SONDO 

*Name and Signature of duly Authorised Officer*



EFA

No. 04841



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF WORKS AND TRANSPORT  
TANZANIA SHIPPING AGENCIES CORPORATION  
TASAC



MR. FRANSISCO ABEL RUHIBA

This is to certify that.....

Date of birth.....04.11.1997.....Place of birth.....KIGOMA.....

Has successfully completed an approved **ELEMENTARY FIRST AID** course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-3 of the STCW Code.

Issued on.....31.03.2023.....Valid Until.....30.03.2028.....

Signature of the Holder



LAMECK SONDO

Name and Signature of duly Authorised Officer



PSSR

No. 012401



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF WORKS AND TRANSPORT  
TANZANIA SHIPPING AGENCIES CORPORATION  
TASAC



MR. FRANSISCO ABEL RUHIBA

This is to certify that.....

Date of birth.....04.11.1997.....Place of birth.....KIGOMA.....

Has successfully completed an approved **PERSONAL SAFETY AND SOCIAL RESPONSIBILITIES** course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-4 of the STCW Code.

31.03.2023

30.03.2028

Issued on.....Valid Until.....

Signature of the Holder



LAMECK SONDO

Name and Signature of duly Authorised Officer





FPFF

No. 011507



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF WORKS AND TRANSPORT  
TANZANIA SHIPPING AGENCIES CORPORATION  
TASAC



MR. FRANSISCO ABEL RUHUBA

This is to certify that.....

Date of birth..... 04.11.1997..... Place of birth..... KIGOMA.....

Has successfully completed an approved **FIRE PREVENTION AND FIRE FIGHTING** course. This Certificate has been issued under Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010], Section A-VI/1 and Table A-VI/1-2 of the STCW Code.

21.04.2023..... 20.04.2028.....  
Issued on..... Valid Until.....

.....  
*Signature of the Holder*



.....  
**LAMECK SONDO**

.....  
*Name and Signature of duly Authorised Officer*





SAT

No. 9713



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF WORKS, TRANSPORT  
AND COMMUNICATION  
TANZANIA SHIPPING AGENCIES CORPORATION  
TASAC



MR. FRANSISCO ABEL RUHIBA

This is to certify that.....

04.11.1997

KIGOMA

Date of birth.....Place of birth.....

Has successfully completed an approved **SECURITY AWARENESS TRAINING** course. This Certificate has been issued under Regulation VI/6.1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

21.04.2023

Issued on.....

*Signature of the Holder*



LAMECK SONDO

*Name and Signature of duly Authorised Officer*



PSCRB

No. 05562



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF WORKS AND TRANSPORT  
TANZANIA SHIPPING AGENCIES CORPORATION  
TASAC



MR. FRANSISCO ABEL RUHIBA

This is to certify that.....

Date of birth.....04.11.1997.....Place of birth.....KIGOMA.....

Has successfully completed an approved **PROFICIENCY IN SURVIVAL CRAFT & RESCUE BOATS** course. This Certificate has been issued under Regulation VI/2-1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

12.05.2023

11.05.2028

Issued on.....Valid Until.....

Signature of the Holder



LAMECK SONDO

Name and Signature of duly Authorised Officer





RFPEW

No. 03741



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF WORKS AND TRANSPORT  
TANZANIA SHIPPING AGENCIES CORPORATION  
TASAC



MR. FRANCISCO ABEL RUHIBA

This is to certify that.....

Date of birth.....04.11.1997.....Place of birth.....KIGOMA.....

Has successfully completed an approved **RATING FORMING PART OF AN ENGINEERING WATCH** course. This Certificate has been issued under Regulation III/4 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended [2010].

Issued on.....22.12.2023.....

Signature of the Holder



LAMECK SOMDO

Name and Signature of duly Authorised Officer



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF WORKS AND TRANSPORT  
TANZANIA ELECTRICAL, MECHANICAL AND ELECTRONICS  
SERVICES AGENCY (TEMESA)



Reply please quote,

30, January, 2024

TO WHOM MAY CONCERN

**RE: TESTIMONIAL FOR SEA SERVICE**

I certify the following statement of the service performed by **Engine Department Mr. Fransisco Abel Ruhiba** is true under my supervision Onboard Magogoni ferry.

In his work was responsible for **Engine** Section from **13, May, 2023 up-to Date** at TEMESA – Magogoni Ferry.

VESSEL NAME	: MV. KAZI
OWNER	: THE UNITED REPUBLIC OF TANZANIA (TEMESA)
PORT OF REGISTRY	: DAR ES SALAAM – TANZANIA
TYPE OF VESSEL	: FERRY (RO – RO)
YEAR BUILDING	: 2016
GROSS TONNAGE	: 170T
CARRYING CAPACITY	: 800 PASSENGERS, 22 CARS (SALOON CARS)
MAIN ENGINE	: 6 CYLINDER DIESEL INLINE, DOOSAN, MD 196TI (4 ENGINE), 320 HPX4
STEERING SYSTEM	: SCHOTTEL THRUSTER SYSTEM SPJ 82RD
AUXILIARY ENGINE	: TWO SET, BAUDOUIN, 4M10G88/5,2X75KVA 3PHASE 380V

Therefore I recommend him for his good job performance when he is on duty.

Hassan Madohola  
**Ag. FERRY INCHARGE**  
**TEMESA MAGOGONI FERRY**







# EDEN MEDICAL CLINIC

MAVUNO HOUSE, AZIKIWE ROAD

P.O. BOX 65202, TEL. 0713-321426

DAR ES SALAAM

## Seafarers Laboratory Investigation Form

Name: FRANCISCO ABEL RUTHBA 25 Sex: M M/F

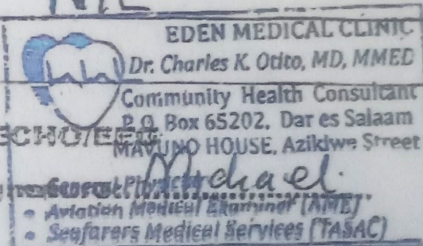
Card No: OPD0025 Requested by: DR OTITO

Diagnosis: NONE Specimen: Ble

Clinical Finding:-

### INVESTIGATION REQUESTED

✓ Random blood glucose: <u>5.4 mmol</u>	Urinalysis/ Urine
Fasting blood glucose:	Urobilinogen: <u>Normal</u>
✓ HB Level: <u>13.9 g/dl</u>	Glucose: <u>Neg</u>
✓ ABO Blood Grouping: <u>A Rh+ve</u>	Bilirubin: <u>Neg</u>
✓ HIV Test: <u>NEGATIVE</u>	Ketones: <u>Neg</u>
UPT:	S. Gravity: <u>1.030</u>
→ WEIGHT: <u>52 kg</u>	Blood: <u>Neg</u>
→ HEIGHT: <u>163 cm</u>	Protein: <u>Neg</u>
Visual Acuity (VISION):	PH: <u>6.0</u>
Speech/HEARING & Balance:	Nitrate: <u>Neg</u>
Blood Pressure: <u>125/65 mmHg</u>	Leukocytes: <u>Neg</u>
Pulse Rate: <u>92/min</u>	MACR: <u>Yellowish colour stain</u>
Chest X-Ray-PA:	MICR: <u>NIL</u>
ECG: ElectroCardiogram	



TO LABORATORY/EXRAY/ECG ECHO/EEG

Date: 2/5/2023 DR. Name & Signature: Dr. Charles K. Otito

NB: REPORT OVERLEAF





THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF WORKS AND TRANSPORT  
TANZANIA SHIPPING AGENCIES CORPORATION  
TASAC



**Medical Fitness Certificate**

Name RUHIBA Last Name FRANCISCO First Names ABEL Middle Name 04, 11, 1997

Gender: Male ☒ Female ☐ Date of birth (day/month/year) 04, 11, 1997

Nationality TANZANIA

Home address BUZEBAZEBA KIGOMA MJINI KIGOMA

Proof of identity: Kind of identity NATIONAL ID Number 19971104-47117-00001-29  
(e.g., National ID, CDC, Driver's License, Passport)

I have evaluated the above named applicant according to the Merchant Shipping (Medical Examination) Regulations, 2016, made under the Merchant Shipping Act, 2003. On the basis of the applicant's personal declaration, my clinical examination and diagnostic test results recorded on the medical examination form, I declare the applicant fit for seafaring

**FIT FOR SEAFARING**

The applicant used aids to vision to meet a satisfactory standard ☐ Yes ☒ No

Date of last colour vision test if not tested at this examination \_\_\_\_\_

The applicant used aids to hearing to meet a satisfactory standard ☐ Yes ☒ No

Date of examination 02, 05, 2023 Place of examination DARESSALAAM

Name of Approved Medical Practitioner DR CHARLES K. OTITO Official Stamp

Signature of Approved Medical Practitioner [Signature]

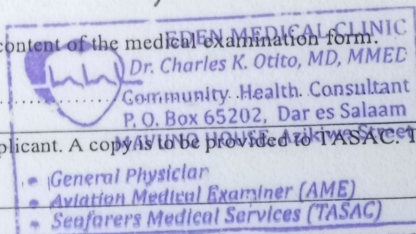
Expiry date of Certificate 02, 05, 2025  
(day/month/year)

I acknowledge that I have been advised on the content of the medical examination form.

Applicant's signature [Signature]



The original of this Certificate is given to the applicant. A copy is to be provided to TASAC. The Approved Medical Practitioner may retain a copy.



Please complete this questionnaire prior to attendance, but leave blank the answer to any question you do not understand. You must bring a suitable means of identification (passport, certificate of competence, driving license) with you to the examination.



ISSUED TO: SURNAME OTHER NAMES		RUHIBA FRANCISCO ABEL ABEL	
DATE OF BIRTH	PLACE OF BIRTH		
04.11.1997	KIGOMA		
COLOUR OF EYES	HEIGHT	WEIGHT	GENDER
BLACK	163 CM	52 KG	M
COLOUR OF HAIR	DATE OF EXPIRY		
BLACK	06.11.2028		
DISTINGUISHING MARKS			
NIL			
DATE OF ISSUE	PLACE OF ISSUE		
07.11.2023	TASAC HQ - DAR ES SALAAM		

PAGE 2

PHOTOGRAPH OF SEAFARER



SIGNATURE OF SEAFARER

PAGE 3

# INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that [ name] .....

date of birth ..... Sex .....

nationality .....

national identification document, if applicable .....

whose signature follows .....

has on the date indicated been vaccinated or received prophylaxis  
against: (name of disease or condition) .....

in accordance with the International Health Regulations.

Vaccine or prophylaxis Vaccin ou agent prophylactique	Date Date	Signature and professional Status of supervising clinician.  Signature et titre du clinicien responsable
4.		
5.		
6.		

\* Requirements for validity of certificate on page 2.

# CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Nous certifions que [ nom] .....

né(e) le ..... de sexe .....

et de nationalité .....

document d'Identification national, le cas échéant .....

dont la signature suit .....

a été vaccine(é) ou a reçu des agents prophylactiques a la date  
indiquée contre: (nom de la maladie ou de l'affection) .....

conformément au Règlement sanitaire international.

Manufacturer and batch no. of vaccine or prophylaxis  Fabricant du vaccin ou de l'agent prophylactique et numero du lot	Certificate valid from : until :  Certificat valable à partir du : jusqu'au :	Official stamp of the administering centre Cachet Officiel du centre habilité

\* Voir les conditions de validité à la page 3.

## UNITED REPUBLIC OF TANZANIA



### MINISTRY OF HEALTH

### CERTIFICATE OF COVID-19 VACCINATION

Francisco Abel Ruhiba  
Full Name

IVD00025688815  
Ref Number

Fraaberuhba  
ID Number

Nov 4, 1997  
Date of Birth

Vaccine Name	Batch Number	Doses Administered	Date of Vaccination	Center of Vaccination
Janssen	XE885	1st Dose	Aug 14, 2023	MAGEREZA Dispensary

Scan to validate



ISSUED BY : Dr. Seif Shekalaghe

Permanent Secretary

Please keep this card, it contains important information regarding the COVID-19 vaccine you have received