

# MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

Okorodudu Close off Odibo Avenue, off Effurun Sapele Road Enerhen, Delta State. Tel: +234-8021122189, 08054722786



MRT/MAN/7948/2023  
Certificate Number

## STCW Basic Safety Training

This is to certify that

**CHINDA CHRISTIAN**

Date of Birth: 16/02/1980

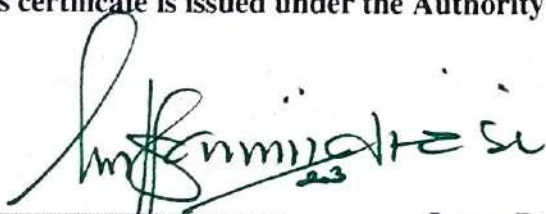
Has successfully completed an approved training in:

### Basic Safety Training

Personal Survival Techniques	Regulation VI/1 and Section A-VI/1, Paragraph 2.1.1
Fire Prevention & Fire Fighting	Regulation VI/1 and Section A-VI/1, Paragraph 2.1.2
Elementary First Aid	Regulation VI/1 and Section A-VI/1, Paragraph 2.1.3
Personal Safety & Social Responsibilities	Regulation VI/1 and Section A-VI/1, Paragraph 2.1.4

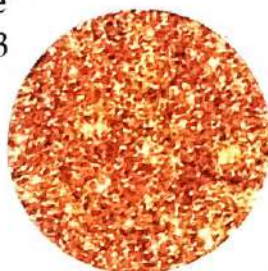
of the International Convention on Standards of Training, Certificate and Watchkeeping for Seafarers, (STCW) 1978 code as amended in 2010.

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

  
Signature of Instructor

Issue Date  
02/11/2023

  
Signature of Holder





# MARITECH INDUSTRIAL AND MANAGEMENT TRAINING ACADEMY

16 Aladja Avenue, Off Enerhen Road, Effurun, Delta State Nigeria. Tell: +234-8021122189, 08054722786



MRT/PSCRB/3167/2024  
Certificate Number

This is to certify that

**CHINDA CHRISTIAN**

Has successfully completed an approved training in:

## **PROFICIENCY IN SURVIVAL CRAFT AND RESCUE BOATS OTHER THAN FAST RESCUE BOAT**

This Course is in accordance with Section A-VI/2-1 of the International Convention on Standard of Training Certification and Watchkeeping for Seafarers, STCW 1978, including 2010 Manila Amendments.

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

  
Signature of Instructor

Issue Date  
10/05/2024

  
Signature of Holder



# NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY (NIMASA)



CERT. NO: NRAT.ENG.3973

## CERTIFICATE OF PROFICIENCY

This is to certify that **CHINDA CHRISTIAN** is qualified as **Rating Forming**  
**Part of an Engine Room Watch** in accordance with the provisions of **Regulation, III/4** of the  
International Convention on Standards of Training, Certification and Watchkeeping for Seafarers  
1978, (STCW) and as amended

The holder of this certificate is entitled under the Merchant Shipping Act to serve in a ship requiring a  
Certificate of that designation.

This Certificate of Proficiency is subject to endorsements as to any additional requirement in  
accordance with the above Regulations.



Photograph of Holder of Certificate

Date of birth of Certificate Holder 16/02/80

Date of issue 12/04/2013

Signature of Holder of the Certificate 

Signature of Authorised official   
**ENGR. VINCENT C. UDOYE**



# NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY (NIMASA)



CERT NO. **NAB.ENG.2105**

## CERTIFICATE OF PROFICIENCY

This is to certify that **CHINDA CHRISTIAN** is qualified as **Able Seafarer engine** in accordance with provisions of **Regulation III/5** of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978 (STCW) and as amended

The holder of this certificate is entitled under the Merchant Shipping Act to serve in a ship requiring certificate of that designation

The certificate of proficiency is subject to endorsements as to any additional requirement in accordance with the above regulations



Photograph of holder of Certificate

Date of birth of Certificate holder; **16-02-1980**

Date of issue; **27/12/2018**

Signature of holder of Certificate: 

Signature of Authorized official:   
**CAPT. SUNDAY M. UMOREN**



# JOEMARINE INSTITUTE OF NAUTICAL STUDIES & RESEARCH



39th Street Plot 10, DDPA Estate, P.O. Box 4892, Warri, Delta State, Nigeria.  
08053095168, 08057164582, 08023291858, 08054535179. E-Mail: jmnpcph@yahoo.com, www.joemarineinstitute

## Certificate Of Training

*This is to Certify that:-*

**CHINDA CHRISTIAN**



*Has successfully completed a*

**MOTORMAN**

*Training Course at*

*Joemarine Institute of Nautical Studies & Research (Warri, Delta State - Nigeria)*

Cert No:- 0000417

Date of Issue:- 8TH OCT., 2012.

JINSR/MOTM/7/0417/2012.

  
Registrar



  
Director of Studies



# CHARKIN MARITIME & OFFSHORE SAFETY CENTRE

PORT HARCOURT - NIGERIA. Website: [www.charkingroup.com](http://www.charkingroup.com)



## Certificate of Training

*This is to Certify that*

**CHINDA CHRISTIAN**

Has successfully completed a

## Certificate of Proficiency for Seafarers with Security Awareness and Designated Security Duties

Training Course at

**CHARKIN MARITIME & OFFSHORE SAFETY CENTRE**

and has met the Standard of Competence as specified in **SECTION A-VI/6, Table A-VI/6-1, Table A-VI/6-2** of the **Revised STCW (2010)**

**CEO/MD**

No **01300**

**CMOSC/SAT/02/14**

**HOD**

**13TH FEB., 2014**

Date Issued

8, Oromerezibuwu,  
GRA Phase 2,  
Port Harcourt,  
Rivers State,  
Nigeria.  
1st December, 2023.

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



Dear Sir/Madam,

N/ER/7731  
13/12/2023

### **REQUEST FOR REGISTRATION STATUS / NUMBER**

I, CHINDA, CHRISTIAN 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- 059558
2. Date of Birth: 16/02/1980
3. Rank: OILER
4. STCW No: MRT/MAN/7948/2023

Thanks for your anticipated grant.

Yours faithfully,

**Chinda, Christian**  
08056939704





**CHARKIN**  
MARITIME & OFFSHORE SAFETY CENTRE

# Certificate of Training

AWARDED TO  
**CHINDA CHRISTIAN**



HAVING SUCCESSFULLY COMPLETED  
AN APPROVED COURSE

**TROPICAL BASIC OFFSHORE SAFETY INDUCTION & EMERGENCY TRAINING**

Which includes: Offshore Safety Induction, Huet with EBS, Fire Fighting & Self  
Rescue, First Aid, Sea Survival & Lifeboat.

Course conducted in accordance with DPR Nigeria approved Standards.

**COURSE LEADER**



**DIRECTOR**

**CM403122230405**

**CERTIFICATE NUMBER**

**21-04-2022 - 23-04-2022**

**COURSE DATE**

**22-04-2026**

**VALID UNTIL**



Km 4, East-West Road, Ozuoba,  
Port Harcourt, Rivers State, Nigeria



Tel.: +234 (0)703 626 1006  
Email: [info@charkincentre.com](mailto:info@charkincentre.com)  
[safetytraining@charkincentre.com](mailto:safetytraining@charkincentre.com)

0016158

For more information please log on to [www.charkincentre.com](http://www.charkincentre.com)



# FEDERAL REPUBLIC OF NIGERIA



## Certificate of Competency Verification Merchant Shipping Act (Training & Certification of Seafarers) Regulation 2010

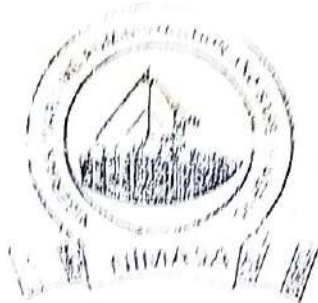


<b>CERTIFICATE NUMBER:</b>	NRAT.ENG.3973
<b>NAME:</b>	CHINDA CHRISTIAN
<b>CAPACITY:</b>	RATING FORMING PART OF ENGINE ROOM WATCH
<b>LIMITATION:</b>	UNLIMITED
<b>STCW REG:</b>	II/4
<b>DATE OF BIRTH:</b>	16-Feb-1980
<b>ISSUE DATE:</b>	12-Apr-2013
<b>LAST REVALIDATION:</b>	12-Apr-2013
<b>VALID UNTIL:</b>	11-Apr-2020
<b>DISCHARGE BOOK NUMBER:</b>	NIG-19860

Certificate Issued Under The Provision Of The International Convention On Standard Of Training,  
Certification And Watchkeeping For Seafarers.



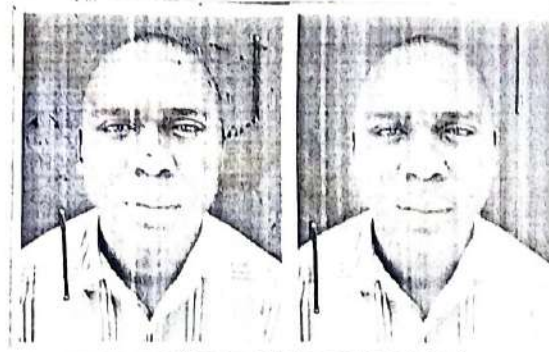




# SEAFARER'S REGISTRATION FORM

PDS		SURNAME CHINDA				
RANK APPLIED FOR OILER		GIVEN NAME CHRISTINE				
WILLING TO ACCEPT LOWER RANK OILER		NATIONALITY NIGERIAN				
PERSONAL DETAILS:						
MARITAL STATUS: MARRIED		RELIGION: CHRISTIANITY				
WEIGHT: 66 Kgs		HEIGHT: 1.64				
DATE OF BIRTH: 16-02-80		PLACE OF BIRTH: PORT-HARCOURT				
MOTHER'S LANGUAGE: IYEBOR						
OTHER LANGUAGES: ENGLISH						
PARENTS MOTHER NAME: MISS ROSELYN CHINDA						
PRESENT ADDRESS: #8 IYEBOR ST. CROMER EZINGBUTAL						
PHONE: 080 58939704						
NEXT OF KINS NAME AND ADDRESS: STANLEY E. CHINDA						
PHONE: 080 6619 5957						
WIFE AND CHILDREN NAMES		DATE OF BIRTH	PASSPORT NUMBER	ISSUING AUTHORITY	PLACE OF ISSUING	
MRS. GIFT C. CHINDA		12-03-82				
CHARIS C. CHINDA		12-04-80				
DOCUMENTS		DOC NO	ISSUED	EXPIRES	ISSUING AUTHORITY	ISSUING PLACE
PASSPORT		644545	PHC	24-11-10	313	PHC
SEAFARER'S BOOK-NATIONAL		014545	ASABA	24-11-10	110	ASABA
SEAFARER'S BOOK-FLAG STATE 1		17860	LAGOS		FANTA	LAGOS
SEAFARER'S BOOK-FLAG STATE 2						
MEDICAL CERTIFICATE			05-01-08	05-09-09	RINAL CLINIC	PHC
VACCINATION-YELLOW FEVER		014545	ASABA	24-11-09	PORT HEALTH	ASABA





## SEAFAREARS IDENTITY DOCUMENT

### APPLICATION FORM

APPLICATION NO:	SURNAME: CHINDA
RANK: OILER	GIVEN NAME: CHRISTIAN
SEX: MALE	NATIONALITY: NIGERIA
PERSONAL DETAILS: chinda christian @ yahoo.com	
MARITAL STATUS: MARRIED	RELIGION: Christianity STATE OF ORIGIN: RIVERS
WEIGHT (kg) 66kg HEIGHT (m) 1.64	LGA: PORT - HARCOURT
DATE OF BIRTH: 16-FEB-1980	PLACE OF BIRTH: PORT - HARCOURT
OTHER LANGUAGES: ENGLISH	COLOUR OF EYES: COLOUR OF HAIR
PRESENT RESIDENTIAL ADDRESS: NO 8 IKERERE ST OFF OROMO	SPECIFIC FEATURES: COLOUR OF EYES: BROWN COLOUR OF HAIR: BLACK
PHONE: 08056939704	
E-mail: ChindaChristian@yahoo.com	
NAME AND ADDRESS OF NEXT OF KIN: MR'S GIFT. CHRISTIAN. CHINDA.	
RELATIONSHIP: WIFE	PHONE: 07067909448

DOCUMENTS	DOC No	ISSUED DATE OF:	EXPIRY DATE	ISSUE PLACE OF:	ISSUING AUTHORITY
INTERNATIONAL PASSPORT	A03018396	15/07/2011	14/07/2016	PORT-HARCOURT	IM/16/RAION
SEAMAN'S RECORD BOOK & CERT OF DISCHARGE	N/6 19860	02-03-2001		LAGOS	NIMASA.
MEDICAL CERTIFICATE	001307	11-11-2015	10/11/2017	LAGOS	NIMASA
NATIONAL IDENTITY CARD NO:					

CAREER DETAILS:			
PROFESSIONAL AND MANDATORY CERTIFICATES:			
QUALIFICATIONS	DATE ISSUED:	DATE OF EXPIRY:	ISSUING AUTHORITY
WATCHKEEPING ENGINE.	12/04 2013		NIMASA.





# TUVALU SHIP REGISTRY

## Medical Fitness Examination Certificate (Form MED) - CONFIDENTIAL -

Tuvalu Ship Registry  
10 Anson Road #25-16  
International Plaza  
Singapore 079903  
Tel: (65) 6224 2345  
Fax: (65) 6227 2345  
Email: info@tvship.com  
Website: www.tvship.com

### A. APPLICANT'S PARTICULARS

Name in Full (Block Capitals) <b>CHINDA CHRISTIAN</b>		Passport No. <b>A11658342</b>
Date of Birth: (DD-MM-YYYY) <b>16-02-1980</b>	Nationality: <b>NIGERIA</b>	Examination for duty as*: (May select more than 1)
Place of Birth: (City, Country) <b>Port-Harcourt NIGERIA</b>	Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Master <input type="checkbox"/> Deck Officer <input type="checkbox"/> Engine Officer <input checked="" type="checkbox"/> Radio Officer <input type="checkbox"/>
Address of Applicant: <b>No 8 Ikejere Street Off Oromere Zingwa Comm by Aka Road Port-Harcourt Rivers State Nigeria</b>		Tel no: Email Address: <b>Chinda.Christian@yahoo.com</b>

### B. DOCTOR'S EXAMINATION REPORT

1	Height/Weight	<b>1.62</b> Metres	<b>75</b> Kilos
2	Hearing	<b>N</b> Right	<b>N</b> Left
3a	Eyesight (with glasses)	<input type="checkbox"/> Right	<input type="checkbox"/> Left
3b	Eyesight (without glasses)	<b>9/6</b> Right	<b>9/6</b> Left
3c	Colour Vision Test Type	<input checked="" type="checkbox"/> Book	<input checked="" type="checkbox"/> Lantern
3d	Colour Vision Test Result	<input checked="" type="checkbox"/> Yellow	<input checked="" type="checkbox"/> Red <input checked="" type="checkbox"/> Green <input checked="" type="checkbox"/> Blue
3e	Are glasses or any corrective aids necessary to meet the required Vision Standards?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4	Urinanalysis	<b>Normal</b> Sugar	<b>Normal</b> Albumin <b>Normal</b> Microscopy
5	Full blood count	<b>13g/dl</b> Hb	<b>Normal</b> WBC <b>Normal</b> Platelets
6	VDRL	<input checked="" type="checkbox"/> Negative	<input type="checkbox"/> Positive
7	Chest X-Ray Report (Lungs) (last X Ray within a year)	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
8	Electrocardiogram (ECG) (EDG)	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
9	Pulse	<b>78</b> Per min	
10	Blood Pressure	<b>100/70 mmHg</b>	
11	Blood Group	<b>O+</b>	
		Normal	Abnormal
12	Cardiovascular system (heart)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Central Nervous system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Digestive System	<input checked="" type="checkbox"/>	<input type="checkbox"/>



- 15 Locomotor system (spine/limbs) ☒ ☐ \_\_\_\_\_
- 16 Head and Neck ☒ ☐ \_\_\_\_\_
- 17 Skin (including varicosities) ☒ ☐ \_\_\_\_\_
- 18 Physique - Deformities ☒ ☐ \_\_\_\_\_
- 19 Respiratory system ☒ ☐ \_\_\_\_\_
- 20 Intelligence, mental state ☒ ☐ \_\_\_\_\_
- 21 Speech (Deck / Radio Officer)  
(Is speech impaired for normal voice communication?) ☒ ☐ \_\_\_\_\_
- 22 Gastrointestinal system (eg Hernia) ☒ ☐ \_\_\_\_\_
- 23 Urogenital system (eg Hydrocoele) ☒ ☐ \_\_\_\_\_
- 24 Endocrine system (eg Thyroid) ☒ ☐ \_\_\_\_\_
- 25 Eyes ☒ ☐ \_\_\_\_\_
- 26 Ears/ Nose/Throat ☒ ☐ \_\_\_\_\_
- 27 Mouth/Teeth ☒ ☐ \_\_\_\_\_
- 28 Vaccinated in accordance to WHO requirements ? ☒ Yes ☐ No
- 29 On any non-prescription or prescription medications ? ☐ Yes ☒ No  
If yes, please specify: \_\_\_\_\_

30 Is the Applicant suffering from any illness or disease likely to be aggravated by working on board a vessel, or to render him/her unfit for service at sea, or likely to endanger the health of other persons on board?

Comments:

He is mentally and physically fit.

Signature of Applicant

*[Signature]*

Date:

31-10-2023

\* Select as appropriate.

### C. PHYSICIAN'S REMARKS & DECLARATION

#### CERTIFICATE OF MEDICAL FITNESS

I certify that I have examined the applicant according to the medical standards of the Tuvalu Ship Registry (reference to Tuvalu Marine Guidance MG-2/2012/1) and found (him / her)\* deemed to be (FIT / UNFIT)\* for duty as:

☐ Master ☐ Deck Officer ☒ Engineer Officer ☐ Radio Officer ☐ Others, please state \_\_\_\_\_

Restrictions / Remarks (if any) \_\_\_\_\_



31-10-2023

30-10-2025

*[Signature]*

CASTLE HOSPITAL

Official Stamp

Date of Examination

Date of Expiry\*

Signature

Name of Medical Institute / Hospital

\*Normally 2 years from Date of Examination unless the Attending Physician requires otherwise

This form shall be treated as a valid Medical Certificate and is in compliance with the requirements of the Maritime Labour Convention, 2006





# FEDERAL REPUBLIC OF NIGERIA

233579

## 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: <b>CHINNA</b>	Given Names: <b>CHRISTIAN</b>
Discharge Book No: <b>SSID NO: N059558</b>	Passport No:
Date of Birth: <b>11/10/21/1980</b>	Sex: M <input checked="" type="checkbox"/> F <input type="checkbox"/>
	Nationality: <b>NIGERIAN</b>

Department: (Tick relevant box)	Rank: _____
Deck <input type="checkbox"/> Engine <input checked="" type="checkbox"/> Catering <input type="checkbox"/>	
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 1/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Visual acuity standards as in STCW A-1/9	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-1/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there any limitation or restriction on fitness?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of last colour vision test (dd/mm/yy): <b>27/11/2025</b>	Please specify restriction.		

Visual Aids (tick if worn)
Spectacles <input type="checkbox"/> Contact lenses <input type="checkbox"/>

#### Restrictions

##### Duties:

##### Location/Vessel:

##### Medical/Others:

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	---

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 <input checked="" type="checkbox"/> 2. Fit-subject to restrictions <input type="checkbox"/>

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

Date of Examination <b>27/10/2025</b>	Expiry Date of Certificate <b>26/11/2027</b>
---------------------------------------	--

#### 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:

**P. H. M. DR S. W. AMADI**



Signature of Applicant





**FEDERAL REPUBLIC OF NIGERIA**  
**NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY**  
**SEAFARER'S MEDICAL CERTIFICATION APPLICATION FORM**

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

**A. APPLICANT'S BIODATA**

**SURNAME:** CHUNDA **OTHER NAMES:** CHRISTIAN  
**DATE OF BIRTH:** 16/10/1980 **AGE:** 44 **SEX:** MALE **NATIONALITY:** NIGERIAN  
**DATE OF APPLICATION:** 27-1-2025 **PLACE OF BIRTH:** PORT-HARCOUR  
**Discharge Book NO.:** ND59553 **Company:** PRIVATE **Vessel:** STAR  
**Address:** NO 6 IKKOR STR, OKOMORIZIMGUN COMMUNITY, RIVERS  
**DEPT. OF SHIP:** ☐ **DECK:** ☐ **ENGINE:** ☒ **CATERING:** ☐ **MASTER/MATE:** ☐ **OTHERS SPECIFY:** \_\_\_\_\_

**B. APPLICANT'S MEDICAL HISTORY (under guidance from a medical personnel)**

Have you ever had

- |   | YES                      | NO                                  |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|---|--------------------------|-------------------------------------|
| (1.) Admission to hospital whatever reason at all in the past     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (16.) Sexually Transmitted Diseases (Gonorrhea, Syphilis, AIDS etc) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (2.) Any surgical operation                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (17.) Any persistent Muscular weakness                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3.) Any accident   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (18.) Loss of consciousness   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4.) Any mental illness   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (19.) Pain in spine, Back or any Joint                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (5.) Any convulsions  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (20.) Balance problem   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (6.) Any Ear or Hearing problem                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (21.) Anal pain or swelling   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (7.) Any persistent Cough   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (22.) Restricted mobility   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (8.) Difficulty with breathing or breathlessness on mild exertion | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (23.) Excessive thirst  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (9.) Palpitations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (24.) A sign-off as sick or a repatriation from a ship?             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (10.) High blood pressure   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (25.) Excessive weight loss   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (11.) Chest pain at rest or on exertion                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (26.) An unfit declaration for sea duty?                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (12.) Stomach pain  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (27.) Sugar in the Urine  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (13.) Any vomiting  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (28.) Your medical certificate restricted or revoked?               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (14.) Blood vomits or stool                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (29.) To wear contact Lens or Glasses                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (15.) Any problem passing urine                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | (30.) To be placed on any medication                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**2. IMMUNIZATION HISTORY (Have you been immunized before)**

YES	NO	IF YES DATE	YES	NO	IF YES DATE	YES	NO	IF YES DATE	YES	NO	IF YES DATE
(A.) Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	(B.) Typhoid Fever	<input type="checkbox"/>	<input type="checkbox"/>	(C.) Cholera	<input type="checkbox"/>	<input type="checkbox"/>	(D.) Meningitis	<input type="checkbox"/>	<input type="checkbox"/>
(E.) Yellow Fever	<input type="checkbox"/>	<input type="checkbox"/>	(F.) Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	(G.) Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>			

**3. SOCIAL/FAMILY HISTORY**

- (A.) Do you smoke, Take Alcohol or use drugs? ☐ YES ☒ NO
- (B.) has any member of your family or relative had mental illness, Epilepsy, Blood disorder, Heart trouble, Hypertension or any other disorder (e.g, Allergy etc.) ☐ YES ☒ NO
- (C.) Do you have a medical or other condition not mentioned above? ☐ YES ☒ NO
- (D.) Others Nil

I, CHUNDA CHRISTIAN declare that the information given above is correct to the best of my knowledge. I consent to the examining doctor to enclose my medical information on the Medical fitness Certificate for official purposes (To be signed only in the presence of examining doctor)

27-1-2025 CHUNDA CHRISTIAN  
Date Name of Applicant

[Signature]  
Signature of Applicant





# 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:

CHUNDA CHRISTIAN

(Surname first)

Discharge Book No:

N059358

#### APPEARANCE

SATISFACTORY

#### GENERAL EXAMINATION

Weight:

68kg

Height:

1.64m

Gait

Normal ☒ Abnormal ☐

Temperature:

36.8°C

Blood Pressure:

120/80mmHg

Pulse Rate:

66/min

Pallor:

None

Palpable ☐ Impalpable ☒

If palpable, state region/location

Lymph Nodes

☐

☒

#### SYSTEMIC EXAMINATION

(1.) Central Nervous System

Normal ☒ Abnormal ☐

(2.) Cardiovascular System

Normal ☒ Abnormal ☐

(3.) Respiratory System

Normal ☒ Abnormal ☐

(4.) Gastrointestinal System

Normal ☒ Abnormal ☐

(5.) Hernial Orifices

Normal ☒ Abnormal ☐

(6.) Endocrine System

Normal ☒ Abnormal ☐

(7.) Locomotor System

Normal ☒ Abnormal ☐

(8.) Orodental

Normal ☒ Abnormal ☐

(9.) Skin (Including Varicosities)

Normal ☒ Abnormal ☐

(10.) Ear, Nose & Throat

Normal ☒ Abnormal ☐

#### (3.) Eyesight

Visual Acuity

RT 6 LT 6

Without glasses

6/- 6/-

With glasses

6/- 6/-

Colour Vision

Normal ☒ Abnormal ☐

(Enter Results)

(1.) Blood Group & Genotype

☐ & ☐

(2.) Full blood count

NORMAL

(3.) VDRL

Negative ☒ Positive ☐

(4.) HIV

Negative ☒ Positive ☐

(5.) Hepatitis B Antigen

Negative ☒ Positive ☐

(6.) Widal (for Catering Dept)

(7.) Urinalysis

NORMAL

(8.) Chest X-Ray with Report

Normal ☐ Abnormal ☐

(9.) Electrocardiogram

Normal ☒ Abnormal ☐

#### OTHER EXAMINATIONS

(1.) Speech (Voice Communication)

Normal ☒ Abnormal ☐

(2.) Hearing

RT ☒ LT ☒

RT ☒ LT ☒

- Audiometry

RT ☒ LT ☒

RT ☒ LT ☒

Physician's Name

Physician's Address/Telephone No.







# NOBSAMS HOSPITALS

SURGERY AND MATERNITY

**NOBSAMS ANNEX:**  
II.T.A Junction  
Onne.  
Phone: 084819218

**Office:**  
No. 44 Trans-Amadi Rd,  
Ogilingba, Port Harcourt,  
Tel: 08033091383, 08182132215  
E-mail: nobiams\_nlgtd@yahoo.com  
www.nobsamshospitals.com

**Our Ref:** .....  
NSH/BMI/01/2025

**Your Ref:** .....

**Date:** 27<sup>th</sup> January, 2025.....

TO WHOM IT MAY CONCERN.

**BODY MASS INDEX**  
**RE: CHINDA CHRISTIAN**

The above named has undergone BMI Check in our hospital.

Weight: 66kg

Height: 1.64M

BMI=Kg/M<sup>2</sup>

$66/2.69 = 24\text{Kg/m}^2$

Comment: In view of the above value, He is satisfactorily Fit to work.

Yours Faithfully,  
For: NOBSAMS HOSPITALS

HRM DR. S.N. AMAECHI, JP  
(Medical Director)



# CERTIFICATE OF COMPLETION

*Is hereby granted to:*

CHINDA CHRISTIAN OGBONDA

*For completing*

## PERMIT TO WORK

Date 26-05-2019

M. A McGrath



TELFORD  
OFFSHORE



**THE FEDERAL  
REPUBLIC OF NIGERIA**



**SEAMAN'S RECORD BOOK  
AND  
CERTIFICATES OF DISCHARGE**



# 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
NARIBORO OFF. No 16915 GT. 10413 3200 KW	15/12/2021 PHC	26/01/2022 PHC
NARIBORO OFF. No 16915 GT. 10413 3200 KW.	09/03/2022 PHC	20/04/2022 PHC
NARIBORO OFF. No 16915 GT. 10413 3200 KW	07/06/2022 PHC	26/07/2022 PHC
NARIBORO OFF. No 16915 GT. 10413 3200 KW	05/09/2022 PHC	18/10/2022 PHC

\* 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
OILER	OFFSHORE NIGERIA		
OILER	OFFSHORE NIGERIA		
OILER	OFFSHORE NIGERIA		
OILER	OFFSHORE NIGERIA		

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

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





No. NIG 19860

## CERTIFICATES

Compiled from Log of Crew and Official  
and copy of Report of Character.

## OF DISCHARGE

12 No. NIG 19860

Log Books or from other Official Records  
(If desired by the Seaman)

No.	Name of ship and official number, and tonnage	Date and place of Engagement	Discharge	Rating
13	WARIBOKO OFF No 16915 GRT 10413 3200 kW	12-04-2002 PHC	19-05-21 PHC	OILER
14	WARIBOKO OFF No 16915 GRT 10413 3200 kW	16.06.21 PHC	14.07.21 PHC	OILER
15	WARIBOKO OFF No 16915 GRT 10413 3200 kW	09.09.21 PHC	03.11.21 PHC	OILER
16	WARIBOKO OFF No 16915 GR 10413 3200 kW	15/11/21	26/01/22	OILER
17	WARIBOKO OFF No 16915 GR 10413 3200 kW	08/09/22	26/01/22	OILER
18	WARIBOKO OFF No 16915 GR 10413 3200 kW	02/06/2022	26/07/2022	OILER

Description of Voyage	Copy of Report of Character For general use	Signature of (1) Master and of (2) officer in official stamp
13 OFFSHORE NIGERIA	V.G.	V.G.
14 OFFSHORE NIGERIA	V.G.	V.G.
15 OFFSHORE NIGERIA	V.G.	V.G.
16 OFFSHORE NIGERIA	V.G.	V.G.
17 OFFSHORE NIGERIA	V.G.	V.G.
18 OFFSHORE NIGERIA	V.G.	V.G.

In Radio  
In Book Insert Home Power  
In Book Insert gross tonnage and wireless  
classification of Ship.



No. NIG 19860

13

## CERTIFICATES

Compiled from Lists of Crew and Officers  
and copy of Report of Character

No.	Name of ship and official number and tonnage	Date and place of		Rating
		Engagement	Discharge	
19	<b>CRONUS P</b> FLAG: PANAMA IMO: 9377614 CALL SIGN: H9CY GRT/NRT: 1966/590	12.04.24 Gentil Gabon	12.06.24 Ouvé, Nigeria	oilier
20				
21				
22				
23				
24				


These columns are to be filled in at time of engagement.

## OF DISCHARGE

Log Books or from other Official Records,  
if desired by the Seaman.

14

No. NIG 19860

Description of voyage	Copy of Report of Character		Signature of (1) Master and of (2) officer and official stamp
	For ability	For general conduct	
19 Offshore Nigeria	V.G	V.G	(1)  (2)
20			(1) (2)
21			(1) (2)
22			(1) (2)
23			(1) (2)
24			(1) (2)

Officers' Books insert gross tonnage and weight  
classification of ship







# COVID-19 VACCINE IS SAFE AND EFFECTIVE

NATIONAL PRIMARY HEALTH CARE  
DEVELOPMENT AGENCY



Client Copy

FEDERAL MINISTRY OF HEALTH  
NATIONAL PRIMARY HEALTH CARE  
DEVELOPMENT AGENCY



COVID-19 Vaccination Card

Part 1:

Basic Information

Card No.

2850101361

Name

CHINDA CHRISTIAN

Age

41

Sex

M

State

BAYELSA

LGA

BRASS

Ward

BRASS

Settlement

CAMERON AREA

Health Facility

CHE TWIN - BRASS

Name of Vaccinator

NENGI JOHN

Phone No. of LGA DSNO

08037727605

NG-BY 98803620 HN





07031155411

## Part 2:

## VACCINE DOSE ADMINISTERED &amp; AEFI

08056939704 CP

COVID-19 Dose	Product Name/Manufacturer Batch Number	Expiry Date	Date Given	Next Appointment	Any AEFI	Date of Onset of AEFI
Dose 1	• AstraZeneca/Oxford <input checked="" type="checkbox"/> • Johnson & Johnson <input type="checkbox"/> • Pfizer <input type="checkbox"/> ..... <input type="checkbox"/>	30/12/21	02/09/21	20/11/21		
Dose 2 Booster Dose 37096CD	• AstraZeneca/Oxford <input checked="" type="checkbox"/> • Pfizer <input checked="" type="checkbox"/> ..... <input type="checkbox"/> ..... <input type="checkbox"/>	30/12/21 9/2022	20/11/21 25/8/22	Completed		

## 1st Dose

Name of Health Officer: OBN. I. EBIBO

Signature: OBN Elt

## 2nd Dose

Name of Health Officer: OBN. I. EBIBO

Signature: OBN Elt



## Protection contre le paludisme

Le paludisme est une maladie grave, parfois mortelle, qui reste encore à l'état endémique dans un très grand nombre des pays tropicaux et subtropicaux. Vous devez vous protéger contre les piqûres des moustiques (usage de moustiquaires imprégnées, répulsifs). En outre, les médicaments antipaludiques peuvent être utiles, soient-ils régulièrement à titre préventif, soient tenus en réserve. Pour le traitement d'urgence d'une fièvre causée par ces parasites, les médicaments sont variables et complexes, veuillez consulter votre médecin ou le service spécialisé le plus proche, ou encore la section d'information de la brochure de l'OMS, ainsi qu'avoir sous la main les *recommandations, exigences et conseils d'hygiène* de l'OMS.

Si vous prenez des médicaments antipaludiques à titre préventif, il est nécessaire de les prendre de façon régulière, de préférence pendant ou immédiatement après un repas plutôt par intermittence, et de continuer pendant les six semaines suivantes.

Une telle méthode ne peut garantir une protection complète. Vous devez vous déclarer malade une semaine après votre exposition et jusqu'à deux ans après votre retour, ne manquez pas de consulter votre médecin et de l'informer de votre séjour dans une région endémique.

## FEDERAL REPUBLIC OF NIGERIA



### INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIS

Issued to: Dellyren

CHINDA CHRISTIAN  
UGBADA

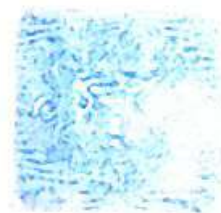
Passport No. or Travel Document No.

Numero du passeport ou de la pièce justificative

A07198423



(Scan QR Code  
to verify)



**A267940**

INTERNATIONAL HEALTH REGULATIONS (2005)  
RÈGLEMENT SANITAIRE INTERNATIONAL (2005)



# OTHER VACCINATIONS - AUTRES VACCINATIONS

Date	Nature of vaccine Genre de vaccin	Dose	Physician's Signature Signature de medecin	Official Signature Function Official	Stamp Carbet
01 AUG. 2019	127m4050A CSM	0.5ml		PORT HEALTH OFFICER FMCH, NIGERIA CODE 33/02	Approved Vaccination Centre NIGERIA REPUBLIC
09 SEPT 2019	OpV 18/07/09/6	2 Drops		PORT HEALTH OFFICER FMCH, NIGERIA CODE 33/02	Approved Vaccination Centre NIGERIA REPUBLIC
09 SEPT 2019	HEPATITIS B U4 A+B lot-4500-1	1ml		PORT HEALTH OFFICER FMCH, NIGERIA CODE 33/02	Approved Vaccination Centre NIGERIA REPUBLIC





**CHARKIN MARITIME & OFFSHORE SAFETY CENTRE**

**Certificate of Competency**

**Awarded to**

**CHINDA CHRISTIAN**

For having successfully completed  
**Helicopter Underwater Escape Training with Survival At Sea**

*Course Conducted in accordance with DPR approved standards*



ISSUED 28/02/2018

EXPIRES 27/02/2022

Cert. No.: CMSC/8031571



**CHARKIN MARITIME & OFFSHORE SAFETY CENTRE**

**Certificate of Competency**

**Awarded to**

**CHINDA CHRISTIAN**

For having successfully completed Tropical Basic Offshore  
**Safety Induction & Emergency Training (T-B.O.S.I.E.T)**

*Course conducted in accordance with DPR Htg. approved standards*



ISSUED 23/04/2022

EXPIRES 22/04/2026

CEO/MD

Cert. No.: Cm403122230405

**DSTC**  
BOSTON

**CHRISTIAN CHINDA**  
EXP: 05/03/2028  
OPITOIJqnrFIM9s

[www.tolmann.com](http://www.tolmann.com)

**OSP**

**OFFSHORE  
SAFETY  
PERMIT**



CHRISTIAN CHINDA



0195501







# CASTLE HOSPITAL

LAB., SURGERY & MATERNITY

<b>Employee Data</b>				<b>Date of Examination</b>		<b>11/01/2024</b>	
<b>Late Name: CHINDA</b>				<b>Other Name: CHRISTIAN</b>			
<b>ID No:</b>		<b>Age: 43 YRS</b>		<b>Date of Birth: 16/02/1980</b>		<b>Occupation: OILER</b>	
<b>Company Name: MIEDGACREW</b>							
<b>EXAMINATION AND TESTS SUMMARY</b>							
<b>Blood Pressure</b>		<b>100/80mmHg</b>		<b>HIV</b>		<b>NEGATIVE</b>	
<b>Pulse rate</b>		<b>58b/m</b>		<b>Hb1Ag</b>		<b>NEGATIVE</b>	
<b>Weight</b>		<b>92kg</b>		<b>PCV</b>		<b>36%</b>	
<b>BM</b>		<b>27m<sup>2</sup>/kg</b>		<b>Urinalysis</b>		<b>Glu - neg Pro - neg</b>	
<b>VISUAL ACUITY</b>		<b>NORMAL</b>		<b>R - 6/6 L - 6/6</b>			
<b>COLOR TEST</b>		<b>NORMAL</b>		<b>R - 6/6 L - 6/6</b>			

Health Advisor Statement: The above named person has been examined for medical fitness to work.

Their fitness to work status for the above tasks as at this time is as follows

<b>Fit with no restrictions</b>		<b>Valid Until (Date)</b>		<b>11/07/2024</b>	
<b>Fit with the following restrictions</b>					
The employee is fit for the above work but should avoid the following tasks					
Work near moving machinery or sharp edges		Operate Motor Vehicles, Forklift or Heavy Machinery			
Working at height		Use a Respirator			
Pull/Push/Carry weight over kg		Repetitive twisting of valves and wrenches			
Ascend/descend ladders or stairs		Flying			
Others (Specify)					
These restriction are permanent					
These restriction are temporary until (date)					
Temporarily unfit until					
Permanently until					
<b>Date of Issue: 11/01/2024</b>		<b>Signature</b>		<b>Stamp</b>	





# CHINDA CHRISTIAN

No. 8 Oromeruzimbu Community, Port Harcourt, Rivers State

Email: chindachristian@yahoo.com

Tel: 0805693404 or 07031155411

## PERSONAL DETAILS

Gender:	Male
Date of Birth:	16 February, 1980
Home Town:	Oromeruezimbu
Marital Status:	Married
Local Govt. Area:	Port Harcourt
Nationality:	Nigerian
Hobbies:	Linguistic Sailing, Reading, Swimming, Writing, Public Relations & Creative Thinking

## EDUCATION

Elekahia Primary School	
First School Leaving Certificate	1994
Community Secondary School, Koroma Tai	
Senior School Certificate Examination	2002
Rivers State University of Science and Technology (RSUST)	
B.Sc in Computer Science	2013

## CERTIFICATE OBTAINED

- B.Sc in Computer Science
- Motor Man
- Certificate of Proficiency in Survival Craft and Rescue Boats Other than fast rescue boats
- Covid 19 Card NG- BY 98803620HN
- TBOSIET Cert No.- CM403122230405
- Offshore Safety Permit - 0195501
- Seaman Passport
- Discharged Booklet
- Watch Keeping Certificate/Engine Rating 114/115
- STCW Certificate
- ISPS Certificate
- International Passport
- Helicopter Underwater Escape training including SAS
- S.I.D Seafarears Identity document
- Nimasa Registration
- Medical Fitness
- Yellow Card

## WORKING EXPERIENCE

<b>Schlumberge Anadril</b>	1999 -2006
Plot 33 Trans-Amadi Industrial Layout	
Machnic Maintenance/Engineering Technician on power drive tool.	
<b>Gulf Marine Service as Oiler/Motor Man</b>	2006 - 2008
193 Woji GRA II, Port Harcourt	
MV Golry & Lady - Margrat Vessels	
Harps Holding PTE LTD	
<b>M.V. MLS Saratu</b>	2014- 2016
Telford offshore	18/01/2019 – 26/05/2020
Jascon 68 & Afrimarine 5 and 3 vessels	
<b>Wariboko Bage</b>	2021 – 2023
Springview Marine	12/04/2021 – 08/03/2023

## REFEREES

**MRS. CHINYERE UMAHI**  
07067909448

**ENG. KINGSLEY AMADI**  
08038900452



# Certificate of Completion

*This certifies that*

**Christian Ogbonda Chinda**

*has successfully completed*

## Hydrogen Sulfide Awareness Training

And ASC Z390.1, Accepted Practices for Hydrogen Sulfide Safety Training Programs

**In Accordance with OSHA Regulations, 29 CFR 1910 and 1926 and ANSI Standard Z390.1**

Also Known as H2S Training

**This course is approved for 2 Contact Hours (.2 CEUs) of continuing education per the California Department of Public Health for Registered Environmental Health Specialist (REHS) (Accreditation # 044)**

Safety Unlimited, Inc., Provider #5660170-2, is accredited by the International Association for Continuing Education and Training (IACET) and is accredited to issue the IACET CEU. As an IACET Accredited Provider, Safety Unlimited, Inc. offers CEUs for its programs that qualify under the ANSI/IACET Standard. Safety Unlimited, Inc. is authorized by IACET to offer 0.2 CEUs for this program.

*Julius P. Griggs*

Julius P. Griggs  
Instructor #892

23101661494602

Certificate Number

10/16/2023

Issue Date



Scan this code or visit [safetyunlimited.com/v](https://www.safetyunlimited.com/v) to verify certificate.

Annual Refresher Training Required by ANSI Z390.1



**UNLIMITED, Inc.**  
OSHA Compliant Safety Training Since 1993

2139 Tapo St., Suite 228 Simi Valley, CA 93063  
(855) 784-2677 or 805 306-8027  
<https://www.safetyunlimited.com>





22nd February, 2025

Date of Award



## CERTIFICATE CHINDA

has received this award for successfully  
completing the course:

### Mastering Crowd Management

To verify:



5911-46559462

<https://alison.com/certification/check/1a66999763>

*Maeve Richardson*

Director of Certification