

CURRICULUM VITAE

O/S – CV

PERSONNEL DATAILS

Name : Eshun Kelvin
Email : kelvineshun302@gmail.com
Contact : +233530075140
Date of Birth : 21st June, 1995
Place of Birth : Axim
Marital Status : Single
Religion : Christian
Nationality : Ghanaian
Language Spoken : English, Fante and Nzema

SUMMARY

Skilled Deckhand with professional experience in navigation, vessel maintenance, and aquatic safety procedures. Possess strong knowledge of marine operations and ability to perform under challenging sea conditions. Demonstrated leadership in implementing efficient work methods that resulted in improved operational efficiency. Contribute valuable problem-solving skills and commitment to team collaboration for optimal ship performance.

SKILLS

- Deck maintenance
- Vessel painting
- Cleaning procedures
- Safety awareness
- Load securing techniques
- Splicing ropes skill
- Knot tying expertise
- Physical fitness and stamina
- Painting and varnishing
- Emergency response readiness
- Marine communication systems
- Performing maintenance
- Cargo coordination
- Waste management practices
- Painting surfaces
- Supporting navigation
- Winch operation
- Forklift Operator
- Cleaning vessels
- Weather monitoring
- Safety procedures
- Mooring boats
- Maintaining equipment
- Cleaning and sanitation
- First aid training
- Navigation assistance
- Deck equipment operation
- Watch keeping experience
- Mooring operations
- Handling cargo
- Safety practices
- Watch standing
- Passenger assistance
- Firefighting capabilities
- Mooring vessels

EDUCATION AND **Regional Maritime University - Accra**

TRAINING Pre-Sea Vocational Deck Rating, **01/2025**

Deck rating forming part of navigational watch

Junior High School - Western High School – Takoradi

Senior High School - Asuansi Technical Institute



GHANA MARITIME AUTHORITY

PMB 34, MINISTRIES, ACCRA-GHANA

Tel: +233 302 684390 / 684392-7

Fax: +233 302 677702

Website: www.ghanamaritime.org



SEAFARER MEDICAL CERTIFICATE

This certificate is issued by Ghana Maritime Authority in compliance with the requirements of the International Convention on Standards for Training Certification and Watchkeeping for Seafarers (STCW) 1978, as amended, and the Maritime Labour Convention (MLC) 2006 for the medical examinations of Seafarers

Surname: ESHUN		Other Names KELVIN	
Discharge Book No.		Passport No. G4155502	Sex M <input checked="" type="checkbox"/> F <input type="checkbox"/>
Date of Birth 21/06/1995		Nationality GHANAIAN	
Department (Please Tick relevant box) Deck <input checked="" type="checkbox"/> Engine <input type="checkbox"/> Catering <input type="checkbox"/>		Rank OS	
Other (Specify) _____			
1. Does Hearing meet standards in STCW Code, Section A-1/9?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. Is unaided hearing satisfactory?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Does visual acuity meet standards in STCW Code, Section A-1/9?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4. Does colour vision meet standards in STCW Code, Section A-1/9?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
5. Date of last colour vision test.		7TH APRIL 2025	
6. Is seafarer fit for look out duties?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. Is seafarer free from any medical condition likely to be aggravated by service at sea or render seafarer unfit for service or endanger the health of others?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8. Any limitations or restrictions on fitness?		No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>
If yes, please specify _____			
The person examined has satisfied me as to his/her identity by showing Discharge Book <input type="checkbox"/> Passport <input checked="" type="checkbox"/> Others _____			
Date of Examination 7TH APRIL 2025		This Certificate is valid until 6TH APRIL, 2027	
Name, Signature and Official Stamp of Approved Medical Officer DR. BRUNO M. BAAKO FAMILY PHYSICIAN SPECIALIST TAKORADI HOSPITAL TAKORADI		Signature of Seafarer	

Certificate No. TD0006206



0006221

DR. KAMAL-DEEN ALI
Director General
DATE **7/4/25**

Signature

Director General

REGIONAL MARITIME UNIVERSITY

ACCRA • GHANA

S/N no. 004637

Member States: Cameroon, The Gambia, Ghana, Liberia, Sierra Leone



Certificate of Training

The Regional Maritime University certifies that

ESHUN KELVIN

has successfully completed training in
PRE-SEA RATING COURSE
in accordance with Regulation II/4, Section A-II/4 (Table A-II/4)
of the STCW Convention, 1978 as amended

From... **January 13, 2025**

To... **March 7, 2025**



March 7, 2025
Date of Issue

Registrar

Pro-Vice Chancellor

REGIONAL MARITIME UNIVERSITY

ACCRA • GHANA



For further inquiries send email to
university.registrar@rmu.edu.gh



CERTIFICATE OF TRAINING

This is to certify that

ESHUN KELVIN

.....



Has successfully completed a Training Course in

**Certificate of Proficiency in Personal Safety and Social
Responsibilities**

and has met the standard of competence as specified in

Registrar

Section A-VI, Table A-VI/1-4

of the STCW Convention, 1978, as amended

NO. 00018219
PSR/02508/25

Pro-Vice Chancellor

03-MARCH-2025

Date of Issue

Member States: Cameroon, The Gambia, Ghana, Liberia & Sierra Leone

REGIONAL MARITIME UNIVERSITY

ACCRA • GHANA



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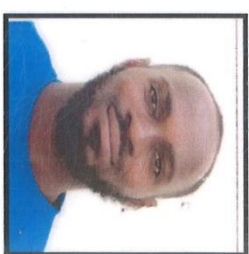


CERTIFICATE OF TRAINING

This is to certify that

ESHUN KELVIN

.....



Has successfully completed a Training Course in

Certificate of Proficiency in Personal Survival Techniques

and has met the standard of competence as specified in

.....
Pro-Vice Chancellor

Registrar

Section A-VI/1, Table A-VI/1-1

of the STCW Convention, 1978, as amended

14-MARCH-2025

Date of Issue

NO. 00018578

PST/02866/25

Member States: Cameroon, The Gambia, Ghana, Liberia & Sierra Leone

REGIONAL MARITIME UNIVERSITY

ACCRA • GHANA



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university.registrar@rmu.edu.gh



CERTIFICATE OF TRAINING

This is to certify that

ESHUN KELVIN

.....

Has successfully completed a Training Course in

Certificate of Proficiency in Elementary First Aid

and has met the standard of competence as specified in

Registrar

Pro-Vice Chancellor

NO. 00018810

Section A-VI/1, Table A-VI/1-3

20-MARCH-2025

EFA/03098/25

of the STCW Convention, 1978, as amended

Date of Issue

Member States: Cameroon, The Gambia, Ghana, Liberia & Sierra Leone

REGIONAL MARITIME UNIVERSITY

ACCRA • GHANA



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university.registrar@rmu.edu.gh



CERTIFICATE OF TRAINING

This is to certify that

ESHUN KELVIN

.....



Has successfully completed a Training Course in

Certificate of Proficiency for Seafarers with Security Awareness and designated
Security duties

and has met the standard of competence as specified in

Registrar

Pro-Vice Chancellor

NO. 00018187

Section A-VI/6, Table A-VI/6-1, Table A-VI/6-2

03-MARCH-2025

ISR/02476/25

of the STCW Convention, 1978, as amended

Date of Issue

Member States: Cameroon, The Gambia, Ghana, Liberia & Sierra Leone

REGIONAL MARITIME UNIVERSITY

ACCRA • GHANA



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university.registrar@rmu.edu.gh



CERTIFICATE OF TRAINING

This is to certify that

ESHUN KELVIN

.....

Has successfully completed a Training Course in

**Certificate of Proficiency in Fire Prevention and Fire
Fighting**

Registrar

.....

NO. 00018373
.....
BFP/02662/25

and has met the standard of competence as specified in

Section A-VI/1, Table A-VI/1-2
of the STCW Convention, 1978, as amended

Pro-Vice Chancellor

.....

10-MARCH-2025
Date of Issue



Member States: Cameroon, The Gambia, Ghana, Liberia & Sierra Leone

Republic of Ghana

Country Code/ Code de Pays
GHA

Passport No/ No de passeport
G4155502

Given Names/ Prénoms
KELVIN

Nationality/ Nationalité
GHANAIAN

Date of birth/ *Date de naissance*
21 JUN 1995

Sex/ Sexe	Place of birth/ Lieu de naissance
M	AXIM

Date of issue/ Date de délivrance
07 APR 2023

Date of expiry/ Date d'expiration
06 APR 2033

Place of issue/ *Lieu de emission*
ACCRA

Authority/ Autorité
PASSPORT OFFICE

Holder's signature/ Signature du titulaire



P<GHAESHUN<<KELVIN<<<<<<<<<<<<<<<<<<<<<<
G4155502<6GHA9506217M3304064<<<<<<<<<<<<<<<8

**CERTIFICATE OF PROFICIENCY
SECURITY AWARENESS AND DESIGNATED
SECURITY DUTIES TRAINING**

The Government of Ghana certifies that the holder of this certificate has satisfactorily completed an approved training course in **SECURITY AWARENESS AND DESIGNATED SECURITY DUTIES TRAINING** in accordance with the requirements of Regulation VI/6 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978 as amended.



Surname / Nom
ESHUN

Given Names / Prénoms
KELVIN

Nationality / Nationalité
GHANAIAN

Date of Birth / Date de naissance
21 JUN 1995

Sex / Sexe
MALE

Place of Birth / Lieu de naissance
AXIM

Date of Issue / Date de délivrance
15 APR 2025

Date of Expiry / Date d'expiration
14 APR 2030

Book Number / Numéro de livre
GMA-SA-4262



Place of Issue /
Lieu de
délivrance
ACCRA

Authority / Autorité
**GHANA MARITIME
AUTHORITY**

COPGHA<ESHUNKELVIN<<M<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<
ID<GMA-0695-EK-0048<984CA889A775404CA683BF427B7A9980<5

**CERTIFICATE OF PROFICIENCY
FAMILIARIZATION AND BASIC SAFETY
TRAINING**

The Government of Ghana certifies that the holder of this certificate has satisfactorily completed approved

FAMILIARIZATION and BASIC SAFETY training courses in:

1. PERSONAL SURVIVAL TECHNIQUES
2. FIRE PREVENTION AND FIRE FIGHTING
3. ELEMENTARY FIRST AID
4. PERSONAL SAFETY AND SOCIAL RESPONSIBILITIES

in accordance with the requirements of Regulation VI/1 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978 as amended.

Type / Type
COP

Country Code / Code de pays
GHA

Book Number / Numéro de livre
GMA-FB-4395

Sumame / Nom
ESHUN

Given Names / Prénoms
KELVIN

Nationality / Nationalité
GHANAIAN

Date of Birth / Date de naissance
21 JUN 1995

Sex / Sexe
MALE

Place of Birth / Lieu de naissance
AXIM

Date of Issue / Date de délivrance
15 APR 2025

Date of Expiry / Date d'expiration
14 APR 2030

Place of Issue /
Lieu de
délivrance
ACCRA

Authority / Autorité
**GHANA MARITIME
AUTHORITY**

COPGHA<ESHUNKELVIN<<M<<<<<<<<<<<<<<<<<<<<<<<<<<<<
ID<GMA-0695-EK-0048<F1914303C8654C07BA2839E3C286582A

This card will be delivered the first time only after an immunization.
It must be presented for each health visit and vaccination and any administrative request.

It will serve as a health passport within this country and can be presented at an official center to obtain an international certificate.

ELIMINATION OF NEONATAL TETANUS

CLEAN HANDS

CLEAN SURFACE

CLEAN CORD

TETANUS IMMUNIZATION

IN CASE YOU EXPERIENCE HEADACHE, FEVER, TIREDNESS, MUSCLE PAIN, JOINT PAIN, ITCHING OR ANY OTHER UNDESIRABLE EFFECTS (ADVERSE EVENTS) AFTER THIS VACCINATION, PLEASE CALL OR TEXT

0244 310 297 OR CALL
NATIONAL PHARMACOVIGILANCE CENTRE ON
0302 233 200 OR 0302 235 100

MINISTRY OF HEALTH - GHANA
HEALTH CARD

Surname ESHUN

First Name (s) KELVIN

Date of Birth (or Age in yrs) 21/06/1995 (28 yrs) Sex : M / F

Father.....

Mother.....

Place Card was issued: Kpobrom Town: Takoradi

District: STM Region: Western

Date Card Issued: 07/06/2023

SICKLING STATUS

BLOOD GROUP

Vaccine	Date	Batch Number	Where Given
Tetanus Toxoid (T. T.)	1		
	2		
	3		
	4		
	5		
Yellow Fever	Vaccine		
	Diluent		
	Vaccine		
Cerebro-Spinal Meningitis (C.S.M.)	Diluent		
	Vaccine		
	Diluent		
	Vaccine		
	Diluent		

Vaccine	Date	Batch Number	Where Given
Measles-Rubella	Vaccine		
	Diluent		
	Vaccine		
	Diluent		

Others (Specify)	Date	Batch Number	Where Given
Hep B	07/06/23	WVA 21001	Kpobrom
Hep B	12/07/23	WVA 21001	Kpobrom
Hep B	14/11/23	228520723A	Kpobrom

YAWS TREATMENT

Date

Case Treatment / Contacts Prophylaxis; (Indicate dosage)

(1).....

(2).....

INFORMATION FOR PHYSICIANS

1. The dates for vaccination on each certificate are to be recorded in the following sequence: day, month, year - the month in letters. Example: January 1, 2001 is written 1 January 2001.
2. If vaccination is contraindicated on medical grounds, the physician should provide the traveller with a written opinion, which health authorities should take into account.
3. Vaccination certificate requirements of countries are published by WHO in *International travel and health*. Information on designated yellow fever vaccinating centres is available from local or national health offices.
4. The physician should always consider that his/her patient may have a travel-associated illness.

RENSEIGNEMENTS DESTINÉS AUX MÉDECINS

1. La date de la vaccination doit être portée sur les certificats dans l'ordre suivant: jour, mois, année - le mois étant indiqué en toutes lettres. Exemples: 1er Janvier 2001
2. Si la vaccination est contre - indiquée pour raison médicale, le médecin doit fournir par écrit au voyageur un avis circonstancié, don't l'autorité sanitaire aux frontières doit tenir compte.
3. Les exigences des pays en matière de vaccination sont publiées par l'OMS dans la brochure Voyagez internationaux et santé. Les renseignements sur les centres habilités à pratiquer la vaccination contre la fièvre jaune sont disponibles auprès des autorités sanitaires locales ou nationales.
4. Le médecin doit toujours tenir compte du fait que son patient peut être atteint d'une maladie liée à un voyage.

2007 / _____



REPUBLIC OF GHANA REPUBLIQUE DU GHANA



World Health
Organisation



Organisation
mondiale de la santé

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS *International Health Regulations (2005)*

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE *Règlement sanitaire international (2005)*



N° ICVP 0292756

Issued to / Délivré à

FSHUN KELVIN

Passport number or
Travel document number
Numéro du passeport ou
du document de voyage

94155502

4

INTERNATIONAL CERTIFICATE* OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] FSHUN KELVIN
date of birth 21st Jun, 1995 sex MALE
nationality GHANAIAN
national identification document, if applicable PASSPORT
whose signature follows [Signature]
has on the date indicated been vaccinated or received prophylaxis
against: (name of disease or condition) YELLOW FEVER

in accordance with the International Health Regulations

Vaccine or prophylaxis Vaccine ou agent prophylactique	Date	Signature and professional status of supervising clinician
	Date	Signature et titre du clinicien responsable
1. <u>YELLOW FEVER</u>	<u>25th</u>	<u>[Signature]</u> <u>Deputy Director (PH)</u> <u>Ghana Health Service</u> <u>Western Region</u>
2.	<u>APR,</u>	
3.	<u>2025</u>	

*Requirements for validity of certificate on page 2.

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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 _____
don't la signature suit _____
a été vaccine(e) ou a reçu des agents prophylactiques à 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	Certificate valid from: until:	Official stamp of the administering centre
Fabricant du vaccine ou de l'agent prophylactique et numéro du lot	Certificat valable à partir du: jusqu'au:	Cachet officiel du centre habilité
1. <u>STAMARIL</u>	<u>FOR LIFE</u>	
2. <u>10,</u>		
3. <u>Y3B89</u>		

*Voir les conditions de validité à la page 3.

INT. VACC. CENTRE
PORT HEALTH
TAKORADI

Name: KELVIN FATHU

Date of birth (Age in years): 21 / 06 / 1995 (26)


Sex: M ☒ F ☐ Region: WESTERN

District: S.T.M Sub-District: SEKONDI


Community: SEKONDI Town/ Village: SEKONDI

Place of vaccination: OLD HOSPITAL SEKONDI

First Dose

1	Date dd/mm/yy <u>27/9/21</u>	COVID-19 Vaccine Details		Injection Site <u>L.U.A</u>
		Manufacturer  Vaxzevria™ AstraZeneca Lot PW40029	Vacc. Batch No.	
Date of Appointment (2nd Dose) _____ / _____ / _____				

Second Dose

2	Date dd/mm/yy <u>4/10/21</u>	COVID-19 Vaccine Details		Injection Site <u>LUA</u>
		Manufacturer  COVID-19 Vaccine AstraZeneca Lot AB0029	Vacc. Batch No.	

In case you experience any side effects, report
to the nearest facility or call this number **0244 310 297**
OR **055 111 2224 / 055 111 2225**

KEEP YOUR CARD SAFE

