JAR WORLD MARINE (PVT) LIMITED

JAR GROUP	Revision No:	00
	Issue Date:	01.11.2013
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Crew Manning Agency Quality Manual (FORM)		JAR-F-12

Part A. APPLICANT'S PARTICULARS

Name in Full (as in Passport, BLOCK LETTERS): MD. IBRAHIM MIAH

Address: 283/3, South Monipur, Mirpur, Dhaka-1216 Tel No: 01825561947

Passport No	Date of Birth	Country of Birth	Nationality	Sex Male/Female	Dept: Deck/Engine Rank: Oiler/4th Eng.
BE0794854	20/05/1982	Bangladeshi	Bangladesh		

PART B. APPLICANTS DECLARATION

(Please tick)

	yes	No	If Yes give description
1. Have you Ever had			
a. Occasions to be admitted to hospital for whatever reason at all in the past?		✓	
b. an Operation?		✓	
c. an accident needing hospital treatment?		✓	
d. Tuberculosis or abnormal chest X-ray?		✓	
e. sexually transmitted disease? (e.g. Syphilis, gonorrhea, aids,etc)		✓	
f. mental ill ness like depression,schizophrenia, other psychosis or neurosis?		✓	
g. convulsions, fits or epilepsy?		✓	
h. ear or hearing problem?		✓	
i. high blood pressure?		✓	
j. chest pain at rest or on exertion, or other heart trouble?		✓	
k. asthma or wheezing attacks, or pneumothrox (air in the chest)?		✓	
l. stomach/duodenal ulcer,'gastric' blood in the vomit or stool?		✓	
m. kidney disease or problem passing urine?		✓	
n. pain in the spine ,back or any joint?		✓	
o. occasion to wear contact lens or glass?		✓	
p. allergic reactions to food or drugs etc?		✓	
q. diabetics or sugar in the urine?		✓	
2. Social habits- Do you take alcohol, drug or smoke?		✓	
3. Has any member of your family or relative ever had mental illness,epilepsy,blood disorder,diabetics, tuberculosis, heart trouble or any other disorder?		✓	
4.Have you had any medical attention (e.g. consulted a doctor for anything at all during the last 12 months?		✓	
5. Do you have a medical or other condition not already mentioned above?		✓	

I declare that the in ormation given above is correct to the best of my knowledge. I consent to the examining doctor to endorse my medical information on the Medical fitness certificate.(To be signed only in the presence of the examining doctor.)

Date

Ibrahim 08/06/2017

Signature of the Applicant

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Suggestions/customer satisfaction feed back form (Seafarer)

Thank you for visiting JAR World Marine (PVT) Limited, We value all of our customers and committed to satisfy yours' needs to continuously by improving our services.

Name : Md. Ibrahim Miah

Rank/Capacity : ~~oiler~~ / 4th Eng.

Passport/Seaman book no: BE0794854 / C101 5433

Please offer your valuable feed back to the below mentioned queries:

(Please Circle)

1. Did we respond to you promptly? ~~Yes~~ No

   if no, please explain:

2. Did we provide service in accessible manner? ~~Yes~~ No

   if no, please explain:

3. Did you have any problem accessing to our service? Yes ~~No~~

   if Yes, please explain:

4. Did you pay any charges or make any financial transaction for recruitment and placement services? Yes ~~No~~

   if Yes please explain:

Please add your comment you may have.

Ibrahim

Signature of the Seafarer

DECLARATION BY SEAFARER OF NO FINANCIAL EXPLOITATION

I, Md. Ibralim Miah
(Name of the seafarer)

hereby declare that I have not made any financial transaction with

JAR World Marine (Pvt) Ltd.
(Name of the Crewing Agency)

for recruitment and placement services to

MT. SC DONGHAI
(Name of the vessel)

of

DONGHAI SHIP MANAGEMENT. PTE LTD.
(Name of the Ship owner/Operator/Manager)

Ibralim
Signature of Seafarer(same as Passport):

Rank: ~~oiler~~ / 4th Eng.

Date: 08/06/2017

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Emergency Contact/Communication Form

A. SEAFARERS PARTICULARS.

NAME	Md. Ibrahim Miah	VESSEL NAME	MT SC Donghai
RANK	4th Eng.	DURATION OF SERVICE	
PASSPORT NO	BE 0794854	DOB	20/05/1982

A. Subject

B. Name and Contract Address of Ship/Ship owner:

C. Name and Contact address of Next of KIN with whom Communication established (if any)

Md. Sahabuddin (Father), 283/3 South Monipur Mirpur Dhaka-1216 | 01973362133

D. Out Come of Communication:

E. Conclusion By MR.

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Signature of MR
Date: