

# Supplementary list of approved doctors as per Rule 4 of Merchant Shipping (Medical Examination) Rules, 2000

M.S. Notice 25 of 2003

No. 7-  
NT(5)/2001-I 6, 2003

Dated: October

## Sub: Supplementary List of approved medical examiners as per rule 4 of M.S.(Medical Examination) Rules, 2000

1. The Director General of Shipping and Ex-officio Addl. Secretary to the Govt. of India is pleased to appoint the following Medical practitioners as medical examiners, under Rule 4 of M.S. (Medical Examination) Rules, 2000 at various places as indicated below:-

Sr.No.	Address
1.	Major Port Trust hospital, Paradip

2. INSA/MASSA/FOSMA are requested to ensure that all members of the panel of approved medical examiners, recommended by their respective organization, enjoy absolute professional independence from employers, workers and their representatives, in exercising their medical judgment, in terms of the medical examination procedures it may further be ensured that such examiners are provided with a copy of Merchant Shipping (Medical Examination) Rules, 2000 and the relevant instructions regarding the conduct of medical examination of seafarers, issued by this Directorate, from time to time.
3. Validity: The approval granted to various medical practitioners as Medical Examiners, under Rule 4 of M.S. (Medical Examination) Rules 2000 by the Director General of Shipping, vide this M.S. Notice will remain valid till revoked.
4. Half Yearly Return: All the Medical Examiners are hereby directed to submit half yearly return to this Directorate, as per annexure to this Notice, for the half year ending on 30th June and 31st December by 31st July and 31st January, respectively.
5. This notice comes into force with immediate effect.
6. This list of approved medical examiner is in addition to the list contained in M.S. Notice No. This list of approved medical examiner is in addition to the list contained in M.S. Notice No. 13 of 2002, 27 of 2002 , [2 of 2003](#), 14 of 2003, and 18 of 2003.
7. This notice issues with the approval of Director General of Shipping

Sd/-

(Capt. H. Khatri)

Nautical Surveyor

## ANNEXURE

Name of Shipping Company: \_\_\_\_\_

HALF YEARLY RETURN ON MEDICAL EXAMINATION OF SEAFARERS FOR THE PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

Sr.No	Name of the seafarer & address	Date of Birth	Sex	CDC No.	Purpose for which medical examination conducted*	Fit/unfit	If unfit, reason(s) for unfitness
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**(Signature of the Medical Examiner)**

**Name and Registration No. :**

**DGS approval No. and date :**

\*The purpose should clearly indicate whether the seafarers' medical examination is pre-sea medical examination / period medical examination etc. The name of ship/ shipping company/ training institute concerned are also to be indicated, wherever applicable.