ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No:SMC



SL NO: 07-2022-1506

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

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Name: Last. CDD //	First AKM	Middle	SALA	Ø	
Date of Birth:(DD/MM/YYYY)	01-01-1977				
Gender: (Male/Female)	MALE				
Nationality: 3MMQCHDC	Dacchart/NID No.	00064			
CDC No CO 3300	Seaman ID No: 050003	8789			
Occupation: Deck/Engine/Cater	ring/Other (specify)	Nar	••••		
Father's/ Husband's name:	A KM QAZI UK	LAH			
Mother's Name:	MONOWARA BEGUN	γ , γ			
Mailing address: House		a 4			
Locality/Village: TOTA LA	2RA PO GOPBLY	DUR			
P.S. BEGUNGANJA	District NOARHALI	<u> </u>			

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, G	Government of the People's Republic of B	angladesh and confirm
the followings;		/

- 1. Confirmation that identification documents were checked at the point of examination: YES/NO
- 2. Hearing meets the standards in section A-I/9: YES/NO
- 3. Unaided hearing satisfactory? YES/NO
- 4. Visual acuity meets standards in section A-I/9?: YES/NO
- 5. Colour vision meets standards in section A-I/9?: YES/NO Date of last colour vision test:0 5 SEP 2022
- 6. Fit for lookout duties?: YES/NO
- 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?:
 YES/NO
- 8. Any limitations or restrictions on fitness?: YES/NO

If YES, specify limita	tions or restrictions	10 N N		
Duties:		3		
Location/Vessel:		•		
Medical/Other				
9. Medical fitness category :	Fit-No restriction	Fit-subject to restric	tions	Unfit
10. Date of examination/Issue (DD/MM/YYYY) 0 5 SEP	2022		ii -
11. Date of expiry (DD/MM/YYY	^{Y)} 0 4 SEP 2024	"No more than 2 yea	ars from the d	ate of examinatior
10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			\bigcirc	0
I have read the contents of the certification	te BUR RAH	an an	≥ 0	
and have been informed of the right to	TT OF ALL		DR. MD. AYUE M.B.B.S; P.G	BUR RAHMAN
review.	a stamp	tago of	Taher C	hamber
Jonas	and and and a		10, Agrabad C. Rean. No	A, Chittagong. A-11820
Seafarer's Signature	.B.B.S. P.	* Name	& Signature of	the practitioner: