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

Form No:SMC



SL NO: 07-2021-1975

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

SEAFARER INFORMATION:

Name: Last RAMMAN First MD ASHIKUR Middle	
Date of Birth:(DD/MM/YYYY) 01-08-1986	
Gender: (MaTe/Female)MALE	
Nationality: BANGLADESHI Passport/NID No: E6.0338033	
CDC No	
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/ Husband's name: MD. ABOUL. WAHAB	
Mother's Name: ASMA BEAM	
Mailing address: House No- 73 Street/Road No- 27 Locality/Village: CPA-AGRABAD, P.O. POVBLE MOORUAL	
Locality/Village: CA-AGRABAD, P.O. PONBLE MOORING	
P.S. DOYBLE MOORNAS District SHUTRAGONG	

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh 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: $\begin{bmatrix} 0 \\ 2 \end{bmatrix} \in \begin{bmatrix} 2021 \\ 2021 \end{bmatrix}$
- 6. Fit for lookout duties?: WES/NO

- Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer 7. unfit for service or to render the health of any other persons on board?: YES/NO
- Any limitations or restrictions on fitness?: YES/NO 8. If YES, specify limitations or restrictions

	Duties:	1			
	Location/Vessel:				а.
	Medical/Other	n n n n n n n N n n n n n n n n n n n n		*	• •
9.	Medical fitness category :	Fit-No restriction	Fit-subject to restriction	s Unfit	
10.	Date of examination/Issue (DD/MM/YYYY)0.2D.E	<u>c</u> 2021		
11.	Date of expiry (DD/MM/YYY	(Y)		om the date of exam	ination"
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I have re	ead the contents of the certificat	te RAHMAN	* and the second s	ZON	

I have read the contents of the certificate	QAHMAN #	XOV
and have been informed of the right to		DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine)
review.		Taher Chamber
Jan	S - Sher Charles	10, Agrabad C/A, Chittagong. Page No. A-11820
Seafarer's Signature	* M.B.B.S.	Regn. No. A-11820 Name & Signature of the practitioner: