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

Form No:SMC



SL NO: 07-2024-0691

Name & Signature of the practitioner:

## 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:		A + m C + 1 A
Name: Last RANA First MD  Date of Birth:(DD/MM/YYYY) 28-12-1991  Gender: (Male/Female) MACE  Nationality BANGIADE SHI Passport/NID No: B00070992  CDC No. C/O/7227 Seaman ID No: 05006603  Occupation: Deck/Engine/Catering/Other (specify) ETO  Father's/ Husband's name: ABDUR RAHMAN.	Middle	MASUD
Date of Birth:(DD/MM/YYYY)		
Gender: (Male/Female)		
Nationality BANGLADE SHI Passport/NID No: 13000 70992		
CDC No		
Occupation: Deck/Engine/Catering/Other (specify)	•	
Father's/ Husband's name: ABDUR RAHMANT.		
Mother's Name: KOKEYA 13EGUM,		*
Mailing address: House No- Street/Road No-		
Locality/Village: LAL DIGIR CHAR, P.O. AIRPORT.		
P.S. PATENGA. District CHATTOGRAM.		
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:		
I am duly authorized by the Department of Shipping, Government of the People's	Republic of Ba	angladesh and confirm
the followings;	~	•
<ol> <li>Confirmation that identification documents were checked at the point of ex</li> </ol>	amination: YE	S/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 4 MAY 2024		
6. Fit for lookout duties?: YES/NO		
7. Is the seafarer free from any medical condition likely to be aggravated by se	rvice 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 limitations or restrictions		- Committee of the Comm
Duties:		
Location/Vessel:		2
Medical/Other		
9. Medical fitness category: Fit-No restriction Fit-subject to res	trictions	Unfit
0.4 MAY 2021		
10. Date of examination/Issue (DD/MM/YYYY) 0 4 MAY 2024		
11. Date of expiry (DD/MM/YYYY)	years from th	e date of examination"
2020		
I have read the contents of the certificate	$\searrow g$	
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	BMDC Reg. N	
Mos Mans Keng	AND APPR DG SHI	pping
Seafarer's Signature	Govt, of Ba	of the practitioner: