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

Form No:SMC



SLNO: 07-2024-03 50

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	NFORMATION:				SADDAM	
Name: Last	4033412	First	70	Middle	34204.7	
Date of Birth:(DD/MM/YYYY)						
Name: Last						
Nationality 3 ANGLA DESA Passport/NID No: 300605417						
CDC No						
Occupation: Deck/Engine/Catering/Other (specify)						
Nationality: BANGLADESHI Passport/NID No: BOOGOS 417 CDC No. COLOLAO Seaman ID No: 050016697 Occupation: Deck/Engine/Catering/Other (specify) DECK CODE Father's/ Husband's name: MD ADDUC MOTION						
Mother's Name: MRS RUMA PARIVIN						
Mailing address: House No- Street/Road No-Locality/Village: <u>BORNIA</u> P.O. <u>PORJONA</u> P.S. SMAHJADPUR District <u>SIRAJGANJ</u> ,						
Locality/Village: P.O. POR JONA						
P.S. SHAP ONDPOR District SIRATGANJ,						
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. Cor	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						
n s	Date of last colour vi for lookout duties?:YES/N	sion test: 28 F	EB 2024			
					or to render the seafarer	
unt	t for service or to render	the health of any	other persons of	n board?:		
	YES/NO	C: 2 VEC	(NOV			
8. Any	limitations or restriction					
, <u> </u>	If YES, specify limitat	ions or restriction	IS		<u>-</u>	
1	ities:					
- 1	cation/Vessel:					
Medical/Other						
0 Ma	dical fitness sategory.	E:VI	T.	4	TI-C	
J. IVIE	dical fitness category:	Fit-No restricti	on Fit-	subject to restrictions	Unfit	
10. Date of examination/Issue (DD/MM/YYYY) 2.8 FEB 2024						
11. Date of expiry (DD/MM/YYYY)27FEB2026						
The bate of expiry (bb/wiw) 1117,						
I have read the contents of the certificate						
and have been informed of the right to DR. MD. Ayubur Rahman M.B.B.S. P.G.T (Medicine)						
review As Per 10 Agrenad C/At Chittagong						
Stamps BMDC Reg. No. A-11820 AND APPROVED BY						
Seafarer's Signature Seafarer's Signature Seafarer's Signature Name & Signature of the practitioner						
36	ararer 3 Signature	71	ople's Republic	Name & Signa	ture of the practitioner:	