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

Form No:SMC

I have read the contents of the certificate

Seafarer's Signature

and have been informed of the right to



SLNO: 07-2022-1996

TOR. MD. AYUBUR RAHMAN

Taher Chamber

10, Agrabad C/A, Chittagong.
Regn. No. A-11820

Name & Signature of the practitioner:

M.B.B.S; P.G.T (Medicine)

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 HOSSAIN First MD. Middle ZAKIR	
Date of Birth; (DD/MM/YYYY) 18/11/1973	
Gender: (Male/Female)MALE	
Nationality: BANGLADESH I Passport/NID No: FE - 04 22203	
CDC No. C/0/4008 Seaman ID No: 0.50000 280	
Occupation: Deck/Engine/Catering/Other (specify) CH. PNANZ.	
Nationality: BAN GLADESH I Passport/NID No: EE - 04 22203 CDC No. C.O. 4008 Seaman ID No: 0.50000 280 Occupation: Deck/Engine/Catering/Other (specify) CH. ENGIZ . Father's/ Husband's name: MD. KAZAL ISLAM MOLLAH	
Mother's Name: DEEL AFROJ BEGUM	
Mailing address: House No- Street/Road No-	
Mailing address: House No- Street/Road No-Locality/Village: CHAR PATA P.O. KAJIR HAT.	
P.S. DAULATKHAN District BHOLA	
I Justinian Annie I de la Companie I de	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and cor	firm
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 8 DEC 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 sea	farer
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	
Duties:	
Location/Vessel:	
Medical/Other	
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit	
0.9 DEC 2022	
10. Date of examination/Issue (DD/MM/YYYY)	.:_ <i>"</i>
11. Date of expiry (DD/MM/YYYY)	tion
0 010 2027	