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

Form No:SMC



SLNO: 07-2023-1285

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 ANINDA Middle	
Date of Birth:(DD/MM/YYYY) 15.02.1988	0
Gender: (Male/Female)MALE	
Nationality: BATHGUADESHI Passport/NID No: A05353222	
CDC No	
Occupation: Deck/Engine/Catering/Other (specify)DELK (CH . p.F-f-)	
Father's/Husband's name: PRIYADARSHI SaltA	2000 - 100 -
Mother's Name: RATNA SAHA.	
Mailing address: House No-NOTUN BARI Street/Road No- WARD NO 09	
Locality/Village: MAJUMDERKHILL P.O. SWANIRVAR RANGUNIA.	
P.S. RANGUNIA District CHATTOGLAM	

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: 1 9 SEP 2023
- 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 limitations or restrictions

	Duties:					
	Location/Vessel:					
	Medical/Other			1		
9.	Medical fitness category :	Fit-No restriction	Fit-subject to restrictions		Unfit	5
10.	Date of examination/Issue (DD/MM/YYYY) 19 SEP 2	023			21
11.	Date of expiry (DD/MM/YYY	^{Y)} 1 8 SEP 2025	"No more than 2 years from	n the da	ate of exam	ination"
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I have read the contents of the certificate and have been informed of the right to review. • Seafarer's Signature



DR. MD. AYUBUR RAHMAN	
M.B.B.S; P.G.T (Medicine) Taher Chamber	
Taher Champer	
10, Agrabad C/A, Chittagong. Name & Signature of the practitioner:	
Name & Signature of the practitioner:	