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

Form No:SMC

07-2022-09**04** SLNO:

## **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

<b>SEAFA</b>	RER INFORMATION:  AD  AD  AD  AD  AD  AD  AD  AD  AD  A
Name:	Last Middle Middle
Date o	f Birth:(DD/MM/YYYY)
Gende	r: (Male/Female)
Nation	nality: BANGLADESH Passport/NID No: A02984726
CDC N	o
Occup	of Birth:(DD/MM/YYYY)  A CE  Inality: BANGLADESH Passport/NID No: A02984726  Inality: BANGLADESH Passport/NID NID NID NID NID
<del>F</del> ather	's/ Husband's name: MD HAFIZUR RAHMAN FALURDEN
Mothe	er's Name: MST ANJUMAN ARA BEGUM.
	g address: House No- Street/Road No-
Localit	V/Village: OSMANPUR PO OSMANDUR
P.S	g address: House No- Street/Road No- y/Village: OSMANPUR P.O. OSMANPUR G1 HORAG HAT District DINAJPUR
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am d	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
	lowings;
	Confirmation that identification documents were checked at the point of examination: YES/NO
	Hearing meets the standards in section A-I/9: YES/NO
	Unaided hearing satisfactory?: YES/NO
	Visual acuity meets standards in section A-I/9?: YES/NO
5.	Colour vision meets standards in section A-I/9?: YES/NO
٥.	Date of last colour vision test: 2 4 MAY 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 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
٥.	If YES, specify limitations or restrictions
	Duties:
	Location/Vessel:
	Medical/Other
	iviedical/ Other
0	Madical fitness estances.
9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
10	Data of examination (leave (DD (MANA (MANA)))
	Date of examination/Issue (DD/MM/YYYY)2.4. MAY. 2022
11.	Date of expiry (DD/MM/YYYY)
	L J PIAL CUCH

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

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

Name & Signature of the practitioner: