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

Form No:SMC



SLNO: 07-2021-1270

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

SFAFARER INFORMATION:

1. 0 3/10.		MD.	Middle	GTAS	
Name: Last. UDDIN.	First		iviiddie	•••••••	
Date of Birth: (DD/MM/YYY)	10-05-				
		BT	1676247		
NI I LADALGIANT	VHI Decement/NIII	D Mai			
Occupation: Deck/Engine/Ca Pather's/ Husband's name:	tering/Other (specif	fy)	offer		
F ather's/ Husband's name:	DHWCAT	AAMED			
					2GE -
Mother's Name: Mailing address: Hou Locality/Village: EAST MA P.S. DANCHLISH	se No- 12/6	Street/Road No-	e and LIFE	HEAL ROLL	- (-
Locality/Village: EAST. NA	SIRAGAD	P.O. CHATTO	akory me		
P.S. DANCHLISH	District	CHATTO	GROW.		

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: VES/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
- Colour vision meets standards in section A-I/9?: YES/NO 5.
- Date of last colour vision test: 24 0.7 2021
- 6. Fit for lookout duties?: YES/NO

- Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer 7. unfit for service or to render the health of any other persons on board?: YES/NO
- Any limitations or restrictions on fitness?: YES/NC 8. If YES specify limitations or restrictions

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		Duties:					s.
		Location/Vessel:					
		Medical/Other		а			
				a a 			
	9.	Medical fitness category :	Fit-No restriction	Fit-subject	to restrictions	Unfit	
			2/	10T 001			
	10.	Date of examination/Issue (D	D/MM/YYYY) 2 4				
	11.	Date of expiry (DD/MM/YYY))	"No more t	han 2 years from tl	ne date of exami	nation"
		Date of expiry (DD/MM/YYYY	2 3 OCT 2023				
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1 ha	ve re	ad the contents of the certificate	e SUR RAM	MAN	\times	-01/	
and	have	e been informed of the right to	A SO OFF	A CHARTER STATE	DR. MD. AYUE	3UR RAHMAN	
revi	ew.	Citiz .	Star		M.B.B.S; P.G Taher C	namber	
		and a	10 18 - 19 10 - 10 -	The second secon	An Anrahad C	/A, Chittagong.	
	-	Seafarer's Signature	M.B.B.	.P.G.	Name & Signatur	re of the practition	ner: