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

Form No SMC



SLNO: 07 - 2023

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 Worch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Scafarcis, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:		Middle GoLAM	
Name: Last KIBRIA	First	Middle	
Data of Dieth (DD/MAN/YYYY)	10-00 11		
Gender: (Male/Female)	ile.	229231	
Marianality BANGLADE STA	assport/NID No:		
Gender: (Male/Female) MAIN Nationality: 1911 NGL 19 Sept CDC No. 1911 NGL 19 Sept Sea	man ID No:		
CDC No	ther (specify)		
Occupation: Deck/Engine/Catering/O +Father's/ Husband's name:	MOHAMMA-D.	COAST	
Mother's Name:	0111		
	Street/Road No	olua.	
Mailing address: House No- Locality/Village: DRALOA	P.O	(A	
P.S. MANGOLE KOT Dis	strict		
DECLARATION OF THE RECOGNIZED	MEDICAL PRACTITIONER:		
I am duly authorized by the Departn		ant of the People's Republic of	Bangladesh and confirm
I am duly authorized by the Departn	nent of Shipping, Governin	lelik or die 7 Francisch	
the followings: 1. Confirmation that identificat		ed at the point of examination: Y	ES/NO
 Confirmation that identificat 	ion documents were check		
a liin-monte the standards	ili zectioni i i		
			9
- c tision mosts standard	as in section way are reading		
Date of last colour-vi	ision test: 0 8 APR 2023		
6. Fit for lookout duties?: YES/17. Is the seafarer free from any	VU	be aggravated by service at sea	or to render the sealarer
Is the seafarer free from any unfit for service or to render	the health of any other pe	ersons on board?:	
unfit for service or to render	the health of any		
√ES/NO	on fitness? YES/NO		
8. Any limitations or restriction If YES, specify limitat	tions or restrictions	The second secon	
If YES, specify limital	Hons of reaction		
Duties:			
Location/Vessel:			
Medical/Other			
9. Medical fitness category :	Fit-No restriction	Fit-subject to restrictions	Unfit
	0 8 APR	2023	
10. Date of examination/Issue (DD/MM/YYYYJ	"No more than 2 years from	the date of examination
 Date of examination/Issue (I Date of expiry (DD/MM/YYY) 	Y)0-7 APR 2025		
			EN CONTRACTOR OF THE PARTY OF T
	unutro	2000	YUBUR RAHMAN
I have read the contents of the certifica		ALBUS	P.G. I there may be
and have been informed of the right to	(September 1)	Total	er Chamter at CA. Chittagong.
review.	#://Stamp		
The state of the s	1200	Name & Signa	ture of the practitioner