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

review.



SL NO: 07-2023-0088

OR. MD. AYUBUR RAHMAN

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

Taher Chamber Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820 •Name & Signature of the practitioner:

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 HASAN First MD Middle MAHERAS Date of Birth: (DD/MM/YYYY)
Date of Birth:(DD/MM/YYYY)
Gender: (Male/Female)
Nationality: BANGLA DESHI Passport/NID No: EAO 971989
Gender: (Male/Female)
Occupation: Deck/Engine/Catering/Other (specify)
Father's/Husband's name: HAZI ABO SIDDIK.
Mother's Name: HACINA BEGUM:
Mailing address: House No- Street/Road No-Locality/Village: CH HOTA SHIUANIUGO SIKANIKA P.S. NABINAGAR District BRAHMANBARIA
Locality/Village: CH HOTA SHIUMNIUGO SIKANIKA
P.S. NABINAGAR District BRAHMANBARIA.
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 8 JAN 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
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
10. Date of examination/Issue (DD/MM/YYYY)
11. Date of expiry (DD/MM/YYYY)
I I JAN ZUZJ