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

Form No:SMC



SL NO: 07 - 2021 - 1359

## **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

SEAFA	RER INFORMATION:	N. D. Mari			
Name:	Last HOSSAIN	First MD MOF	ISIN Middle		
Date o	LastHOSSAIN FBirth:(DD/MM/YYYY)	13-03-1965		· ·	
Gende	r: (Male/Female)MALE	····	100000		
Nation	ality: ISANGLADESHI	Passport/NID No:	1888003		
CDC No	<i>C/01</i> 2740 s	eaman ID No: <i>O. S. O. Q</i>	03553		
Occupa	r: (Male/Female)MALE ality: BANGLADES HI CLOI 2740 s ation: Deck/Engine/Catering	Other (specify)	-10 FF 1 CEIC		
<b>/</b> ather	s/ Husband's name: L.A	TE ABUL KASHE	M GHARAMI		
Mother	r's Name: 📉 🥂	AREVA KHATU	N		
Mailing	address: House No- //Village: GABURA HAMNAGAR	Street/Road I	N GABURA A		
Locality	//Village:	P.O	GABURA	••••	
P.SS	HAMNAGAR	District SATKHIR	4		
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DECLA	RATION OF THE RECOGNIZE	D MEDICAL PRACTITIONER	•		
	lly authorized by the Depart	ment of Shipping, Govern	ment of the People's Rep	public of Bangladesh	and confirm
	owings;			1	
1.	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.	5. Colour vision meets standards in section A-I/9?:\ ES/NO				
Date of last colour vision test: 1 0 NOV 2021					
	Tit Tot Tookout daties: . VE3/NO				
7.	Is the seafarer free from an	o be aggravated by servic	e at sea or to render	the seafarer	
	unfit for service or to render the health of any other persons on board?:				
	√ES/NO				
8.	Any limitations or restrictio				
	If YES, specify limitations or restrictions				
	Duties:				
	Location/Vessel:				
	Medical/Other				
		·			
9.	Medical fitness category:	Fit-No restriction	Fit-subject to restric	tions Unfit	
		1.0.11.01			
10.	Date of examination/Issue (	DD/MM/YYYY). <mark>]UNU</mark>	<u>/ ZUZ1                                  </u>		
11.	Date of expiry (DD/MM/YY)	Y)	"No more than 2 yea	ars from the date of $\epsilon$	examination"
		0 9 NOV 20	123		

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



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