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

Form No:SMC



SINO: 07-2024-0418

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	:	K / A			SAJIB		
Name:	Last	Firs	t	~	Middle			
Date o	f Birth:(DD/MM/YY	YY)	10 12 - 1993	> ′	••••••			
Gende	r: (Måle/Female)	NOCEL D	ort/NID No: 406 ID No: 0500 (specify)	283724	Q.,			
Nation	ality: 37 866 7	Passp	ort/NID No:	000001				
CDC No	0.401.3001	Seaman	ID No:	3RD ZNGR	,			
Occupa	ation: Deck/Engine/	Catering/Other イム	(specify)	, , , , , , ,				
/Father	's/ Husband's name r's Name:	:	CONA BEG	um.			ŧ	
Mailin	r s ivame:	S/4	Stroot/Pood N	() · /				
Locality	g address: ⊓i	KIDUR.	Street/Road N P.OP.O	SHAKIDO	R-			
PS	SHAKI PU	R	District 7A	NGAIL.				
1.5		- 1.5.	.District		ए स्थापनी का के			
DECLA	RATION OF THE RE	COGNIZED MED	ICAL PRACTITIONER:					
I am di	uly authorized by th	e Department	of Shipping, Governr	ment of the Peop	le's Republic of	Bangladesh and coi	nfirm	
	lowings;				,			
1.	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.	5. Colour vision meets standards in section A-I/9?: YES/NO							
_			est: 1 0 MAR 2024					
	5. Fit for lookout duties?: YES/NO							
7.	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	to render the n	ealth of any other pe	ersons on boards.				
8		restrictions on f	itness?· VES/NO	ø.				
0.	Any limitations or restrictions on fitness?: YES/NO If YES, specify limitations or restrictions							
	Duties:		***************************************	5 //	T. 12			
	Location/Vessel:							
	Medical/Other							
			/					
9.	Medical fitness car	egory: Fit-	No restriction	Fit-subject to	restrictions	Unfit		
		L	40140			5		
10. Date of examination/Issue (DD/MM/YYYY) 1 0 MAR 2024								
11. Date of expiry (DD/MM/YYYY)								
						7		
I have re	ead the contents of th	e certificate	doy Department	or	>	<9		
and hav	e been informed of th	ne right to	S S. Manur R.	1		ubur Rahman 5.T (Medicine)		
review.	. 0		Officia		Taher	C/A Chittagong		
	Sarih		\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		AND APP	ROVED BY	*	
	Seafarer's Signatu	re	Pople's Remitill	880	Govt. of	Bangladesn		
*	Seafarer's Signatu	re	Popule's Republic		Govt. of	Bangladesh ire of the practitioner		