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

Form No:SMC

Seafarer's Signature



SL NO: 07-2023-1388

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

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

SEAFA	RER INFORMATION:	4				
Name	: Last RAMMAN	First	Middle	SUL TANO	R	
Date o	: Last	08-11-1985	•			
Gende	er: (Male/Female)	ALE				
Nation	nality: BANGLADESHI	Passport/NID No: 3	50028317.			
CDC N	0 COT 5037. Se	aman ID No:	50001985	,		
Occup	ation: Deck/Engine/Catering/	Other (specify)	CH. ENGR.			
<b>F</b> ather	er: (Male/Female)anality: DANG ADESH / o	MD CHAND A	ger chowdh	101/4 ,		
Mothe	er's Name:	SHIRA KHATI	01	140 400		
Mailin	g address: House No-	Street/Roa	ad No-			
Mailing address: House No- Street/Road No-Locality/Village: GOW DHULY PARA -P.O. PORATON AZAMPUR.						
P.S. MIKBUR District KUSHTIA.						
DECLA	RATION OF THE RECOGNIZED	MEDICAL PRACTITION	IER:			
						8.
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm						
the fol	lowings;			_		
1.	Confirmation that identifica	tion documents were c	hecked at the point of	examination: YES/	NO	
	P. 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?: YES/NO					
		ision test: 11 OCT 2	2023		4	
	Fit for lookout duties?: YES/					
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	r persons on board?:			
	YES/NO					
8.	3. Any limitations or restrictions on fitness?: YES/NO					
	If YES, specify limitat	ions or restrictions				
	Duties:					
	Location/Vessel:					
	Medical/Other	ď		4		
E =		1		· ·		£ 6
9.	Medical fitness category:	Fit-No restriction	Fit-subject to r	estrictions	Unfit	
		110				1
10. Date of examination/Issue (DD/MM/YYYY)						
11. Date of expiry (DD/MM/YYYY)						
I have re	ead the contents of the certificat	QAHM	AW STATE OF THE ST		b)	
and have been informed of the right to  DR. MD. AYUBUR RAHMAN						
			111151 SAGE		I I CAP II HAVIFALT	