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

Form No:SMC



SL NO: 07-2023-1162

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:
Name	ELAST HOSSAIN First MOHAMMAD Middle EJA 2 of Birth:(DD/MM/YYYY) 04-02-1964 or: (Male/Female) MALE
Date o	of Birth:(DD/MM/YYYY)
Gende	r: (Male/Female)
Nation	nality: BANGLADESHI Passport/NID No: EG 0376140
CDC N	o
Occup	ation: Deck/Engine/Catering/Other (specify)
Father	allity: BANGLADESHI Passport/NID No: EGO376140 o. LOTO1271 Seaman ID No: 050002325 ation: Deck/Engine/Catering/Other (specify) CH. OFFICER 's/ Husband's name: MR ABOUS SUKKUR
-Mothe	er's Name: MRS REZIA BEQUY.
Mailin	g address: House No- Street/Road No- y/Village: SHONAPUR PO HASONERHAT
Localit	y/Village: SHONAPUR PO HASONERHAT
P.S	BEGUNGANJ District NOANHALI
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am d	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
the fol	lowings;
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?: YEŞ/NO
5.	Colour vision meets standards in section A-I/9?: YES/NO
	Date of last colour vision test: 2 7 AUG 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:
de la	Medical/Other
9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
10.	Date of examination/Issue (DD/MM/YYYY) 2 7 AUG 2023
11.	Date of expiry (DD/MM/YYYY)
	2 b AUG 2025
	CONHMA

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

Seafarer's Signature



DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Taher Ghamher
10, Agrabad C/A, Chittagong.
Regn. No. A-11820
Name & Signature of the practitioner: