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

Form No:SMC



SLNO: 07-2022-0175

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

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Name: Last SAMDANI First MOHAMMAD Middle JH3151	1C
Date of Birth: (DD/MM/YYYY) $0/-0/-1979$	<u>,0</u>
Gender: (Male/Female)MALE	
Gender: (Måle/Female)	
Nationality 227772	
CDC No	
Occupation: Dack/Entring/Catoring/Other (specify)	
Father's/Husband's name:	
Father's/Husband's name:	
Mother's Name: SHAMIMA AXTER	
Mailing address: House No-	
Land March Den Brang NA	
Locality/Village: DINGNA P.O. DINGNA	
P.S. SARISHABARI District JAMALPUR.	

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: 0 8 FEB 2022
- 6. Fit for lookout duties?: YES/NO

Seafarer's Signature

review.

- 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/NC If YES, specify limitations or restrictions

	in TES, specify infitta					7
	Duties: Location/Vessel:					
	Medical/Other			n 19		
9.	Medical fitness category :	Fit-No restriction	Fit-subject to res	strictions	Unfit	
10. 11.	Date of examination/Issue (Date of expiry (DD/MM/YYY	DD/MM/YYYY) 0.8FE Y)	32022 	years from th	e date of exa	nination
	ead the contents of the certifica e been informed of the right to	15,020 014		DR. MD. AYU	BUR RAHMAN	а.

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