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

Form No:SMC



SL NO: 07-2022-2058

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

SEA	FAR	RER INFORMATION:		^				
Nan	ne: l	Last	First. MOHAMA	160	Middle ASDO	· C •		
Date	e of	Birth:(DD/MM/YYYY)	30-05-	1975.				
Gen	nder	: (Male/Female)	ALE					
Nati	iona	lity BANGLADES	Passport/NID No: A	00143	582			
CDC	. No	e/0/10367 Sea	aman ID No. 05	001124	0			
Occ	una	tion: Dock/Exains/Catoring/C	Othor (annaity)	5 TO				
Fath	her	s/ Husband's name:!	YOHAMM ED	AAD U	L A 212.			
		's Name:	SHAMSUN 1	inuna	RECUM.			
Mai	iling	address: House No-	Street/Pos	d No-	. 000,000	a DAKA.		
Loca	ality	Willage: STATH PATE	UBA. DO PA	ATENGA	2 CHOWSHU	Rypina		
DS	anty	address: House No- /Village <i>SouTH_PATEA</i> Di	ctrict CH	ATTO	RAM,	· v		
1 .5.	•••••		SUICU	.,,,,,,				
DEC	ΊΔR	ATION OF THE RECOGNIZED	MEDICAL DRACTITION	IED.				
		ATION OF THE RECOGNIZED	WILDICAL FRACTITION	EIV.		*		
Lam	n du	ly authorized by the Departn	nent of Shinning Gove	ernment of th	ne Peonle's Renublic of	f Rangladesh and conf	irm	
		owings;	inclit of Shipping, Gov		ic i copie s republic of	bullgladesh and com		
		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						
		Unaided hearing satisfactory?: YES/NO						
		Visual acuity meets standards in section A-I/9?: YES/NO						
	5.	6. Colour vision meets standards in section A-I/9?: YES/NO						
	Date of last colour vision test: 2 1 DEC 2022							
		5. 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?:						
	No. of Contract of	YES/NO		/				
	8.	Any limitations or restrictions on fitness?: YES/NOV						
	If YES, specify limitations or restrictions							
		Duties:				5 H		
		Location/Vessel:						
		Medical/Other						
					<u> </u>	–		
	9.	Medical fitness category:	Fit-No restriction	Fit-su	bject to restrictions	Unfit		
		pr e						
		Date of examination/Issue (D						
		Date of expiry (DD/MM/YYYY				the date of examinati	ion"	
			2 U DEC 2024					

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

Seafarer's Signature



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