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

Form No:SMC



SL NO: 07-2023-0994

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

SEAFARER INFORMATION:	TABINI DUL		MIAM	
Name: Last CHOW DHUKY	First	Middle	230111	
Date of Birth:(DD/MM/YYYY)	01-12-1775.			
Gender: (Male/Female)	76	10 -0 -		
Nationality: BAN 9CADESA)	assport/NID No: 40/	1978 50		
CDC No	aman ID No: 0500	03968		
Occupation: Deck/Engine/Catering/C	ther (specify)	ENGR	in RV	
SEAFARER INFORMATION: Name: Last CHOWDHUR Y Date of Birth: (DD/MM/YYYY) Gender: (Male/Female) Nationality: CHOWDHUR Y Nationality: CHOWDHUR Y CDC No	MR NURUL ISC	AM CHOOLIN	,,,,	
Mother's Name: MA	RS. HOSNE AKA	BEGUM.		
Mailing address: House No-	Street/Road N	0-		
Mailing address: House No- Locality/Village: ヒルルナビア & A P.S. ドロアルイム Di	2AR . P.O.	SABAR		
P.S. KOTWAL) Di	strict. CHATOPO	GRAM.		
DECLARATION OF THE RECOGNIZED	MEDICAL PRACTITIONER:	ži.		2 at 1
I am duly authorized by the Departr	nent of Shipping, Governr	ment of the People's	Republic of Ban	gladesh and confirm
the followings;			./	
1. Confirmation that identificat	ion documents were chec	ked at the point of ex	amination: YES/	'NO
2. Hearing meets the standards	in section A-I/9: YES/NO			* * *.
3. Unaided hearing satisfactory				
4. Visual acuity meets standards in section A-I/9?: YES/NO				
5. Colour vision meets standard	ls in section A-I/9?: YES/N	0		
	sion test: 2 4 JUL 2023			
6. Fit for lookout duties?: YES/I				
7. Is the seafarer free from any	medical condition likely to	o be aggravated by se	rvice at sea or t	o render the seafarer
unfit for service or to render	the health of any other po	ersons on board?:	140	
YES/NO				
8. Any limitation or restriction	s on fitness?: YES/NO			
If YES, specify limitat	ions or restrictions	*		
Duties:		٨		*
Location/Vessel:			+ 1 4	
Medical/Other		8	,¥	
3				
9. Medical fitness category :	Fit-No restriction	Fit-subject to res	strictions	Unfit
		,		
10. Date of examination/Issue (I	DD/MM/YYYY) 2 4 JUL	2023		
11. Date of expiry (DD/MM/YYY	Y)99	"No more than 2	! years from the	date of examination"
	Z 3 JOF 2053			
			- N	1
I have read the contents of the certificat	e Sylva RAHM	W. Comments	ZU	DAMMAN
and have been informed of the right to	To Take	SETE A	DR. MD. AYUB M.B.B.S; P.G.	
review.	d Camp	00000000000000000000000000000000000000	M.B.B.S, T. Co	hamter A Chittagong
Ejam.	1sher		Taher Cl 10, Agrabad C/ Regn. No.	
Seafarer's Signature	B.B.S. P	• N	ame & Signature	of the practitioner: