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

Form No:SMC

Seafarer's Signature



SLNO:07- 2021-0551

Taher Chamber
10. Agrabad C/A, Chittagong.

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

SEAFARER INFORMATION:	
Name: Last KHAN First ANIS Middle AHMED	
Date of Birth; (DD/MM/YYYY)01 - 1968	
Gender: (Male/Female) MAIF	
Nationality: BANGLADE CHI. Passport/NID No: BL 0320251	
CDC No. C[0] 2228 Seaman ID No: 050002347	
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/Husband's name: ALHAJJ BADIUR RAHMAN KHAN	
Mother's Name: MRS JAHANARA BEGIUM	
Mailing address: House No- Street/Road No-	
Locality/Village: MEHDI PUR PO SHAMS PUR P.S. DAGON BHULYAN District FEN I	
P.S. DAGON BHULYAN District FENI	
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	m
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?: YEŠ/NO	
4. Visual acuity meets standards in section A-I/9?: YES/NO	
5. Colour vision meets standards in section A-I/9?:wES/NO	
Date of last colour vision test: 1 9 MAY 2021	
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafare	er ,
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:	
Medical/Other	
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit	
0.141/.0004	
10. Date of examination/Issue (DD/MM/YYYY).19MAY202.1	
11. Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination	า"
1 8 MAY 2023	
	el .
I have read the contents of the certificate and have been informed of the right to DR. M. AYUBUR RAHMAN	