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

Form No:SMC



SL NO: 07-2023-0115

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 | ARER INFORMATION: | |
|--------|--|---|
| Name | : Last BAREK, First MD Middle ABDUC | |
| Date o | of Birth:(DD/MM/YYYY) 22-61-1969 | |
| Gende | er: (Måle/Female) | |
| Nation | nality: BANGLA DESHI Passport/NID No: 340360321 | |
| CDC N | Io | |
| Occup | pation: Deck/Engine/Catering/Other (specify) | |
| Pathe | pation: Deck/Engine/Catering/Other (specify)のS・ r's/ Husband's name: | |
| | er's Name: MR5 H12RA BEGOM. | |
| Mailin | ng address: House No- Street/Road No- | |
| Locali | ng address: House No- Street/Road No- ty/Village: MOROSHING PUR P.O. NOROSHING HPUR | |
| P.S | H12LA District BARISAC | |
| | | |
| DECLA | ARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: | |
| | | |
| | luly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm | i |
| | llowings; | |
| | Confirmation that identification documents were checked at the point of examination: YES/NO | |
| | 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. | Colour vision meets standards in section A-I/9?: YES/NO | |
| | Date of last colour vision test: 2 5 JAN 2023 | |
| | 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 seafare | r |
| | 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 | |
| | | |
| 10 | D. Date of examination/Issue (DD/MM/YYYY) | |
| 11 | I Date of evniry (DD/MM/VVVV) "No more than 2 years from the date of examination | " |
| | 2 4 JAN 2025 | - |

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 Chamber
10, Agrabad C/A, Chittagong.
Regn. No. A-11820
Name & Signature of the practitioner: