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

Form No:SMC



SL NO: 07-2020-1566

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 SIDDIGUE First 190 ABO Middle 37729
SEAFARER INFORMATION: Name: Last. SIDDIQUE First. MD AGU Middle. BAKAR Date of Birth:(DD/MM/YYYY) 02-09-1961 Gender: (Male/Female) MALE
Gender: (Male/Female)
Nationality: BANGLADESHI Passport/NID No: EG 0952957
Nationality: BANGLADESHI Passport/NID No: EG 0952957- CDC No. 7/26929 Seaman ID No: 050002836
Occupation: Deck/Engine/Catering/Other (specify)
Occupation: Deck/Engine/Catering/Other (specify)SM-1 Father's/ Husband's name: MD. SADEKALI SARKER
Mother's Name: AMENA BEGOM.
Mailing address: House No- Street/Road No-
Locality/Village: KALPANI P.O. BONARARA.
P.S. SHAGHATA - District RANGPUR.
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER.
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: $2 \ \beta \ D = 0 \ 2020$
6. 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?: 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 restriction Unfit
10. Date of examination/Issue (DD/MM/YYYY). 2 8 DEC 2020
11. Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"
2 7 DEC 2022
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: