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

Form No:SMC



SLNO: 07-2024-0008

## **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

SEAFAR	RER INFORMATION:							
Name: L	Last <i>OLLAH</i> Birth:(DD/MM/YYYY)	First	MD	Mid	dle 971	K		
Date of	Birth:(DD/MM/YYYY)	12-11-	1990					
Gender:	: (Male/Female)	926.						
Gender: (Male/Female)								
CDC No.	7/33221 Se	aman ID No:	050	012074				
Occupat	tion: Deck/Engine/Catering/	Other (specify	n 5	4-111	•			
Father's	s/ Husband's name:	OLI AH	AMEN		*			
		HAZERA		15			*	
Mailing	address: House No-	111 25 117	treet/Road N					
Locality	address: House No- /Village: MO MARIZ Po	3R. D	MAZ	TUBHU!	YAN			14
PS.DA	GONBHUIYAN D	ictrict	EFN!					
1.5		1511101						
DECLAR	ATION OF THE RECOGNIZED	MEDICAL DD	ACTITIONED.					
DECEMIN	ATION OF THE RECOGNIZED	INIEDICAL PR	ACTITIONER:					
Lam dul	v authorized by the Depart	mant of China						_
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings;								
		tion do A				V		
2. 1	Confirmation that identificat	tion documen	ts were check	ed at the poil	nt of examinatio	n: YES/NO		
	2. Hearing meets the standards in section A-I/9: YES/NO							
	3. Unaided hearing satisfactory?: YES/NO							
	Visual acuity meets standards in section A-I/9?: YES/NO							
5. (	5. Colour vision meets standards in section A-I/9?: YES/NO							
	Date of last colour vision test: 0 1 JAN 2024							
	5. Fit for lookout duties?: YES/NO							
7. I	the search in any medical condition likely to be aggravated by service at sea of to refluer the search							
	unfit for service or to render the health of any other persons on board?:							
	<b>Y</b> ES/NO							
8. <i>A</i>	Any limitations or restriction	s on fitness?:	YES/NO					
	If YES, specify limitat							
	Duties:							
*	Location/Vessel:						*	
	Medical/Other							
					K-80			
9 N	Medical fitness category :	Eit No mosts	mi a4i a m	D': 1:			~.	S X
3. 1.	viculear fittiess category.	Fit-No rest	riction	Fit-subject	t to restrictions	Ur	nfit	*
10 0	Date of examination/Issue /	D / N 4 N 4 / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	O 1 JAN	2027			6	. /
10. Date of examination/Issue (DD/MM/YYYY). 0 1 JAN 2024								
11. Date of expiry (DD/MM/YYYY)3 1 DEC 2025 No more than 2 years from the date of examination"								
•						2		\$
I have res	d the contents of the control		Dy Departmen			C/K		
I have read the contents of the certificate and have been informed of the right to								
review. Taher Chamber.								
CVICVV.		1 11	AS POR	E 145 11 3	10 Agraha	Chambe	it,	

