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

Form No:SMC



SL NO: 07-2023-0329

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	RER INFORMATION:	2	4.0					
Name:	Last MoHOS/N	First	79	Middle				
Date o	of Birth:(DD/MM/YYYY)	27-04.	-1993	7				
Gende	r: (Male/Female)	IALE.						
Nation	nality:BANGLADES4	Passport/NID No	AO.	0730600				
CDC N	0 7/33382 Se	aman ID No:	<i>B</i> 500	12166.				
Occup	ation: Deck/Engine/Catering/	Other (specify)	51	4-11				
Father	ALAST MOHOS / Note that the second se	MD JOBO	LAHM	MAD,				
Mothe	er's Name:	SAJEDA	BEGU	\mathcal{M}				
Mailin	g address: House No-	Stree	et/Road No-					
Localit	y/Village: DEWAN DI	GHIRPARO	PA	THAN TU	<i></i>			
P.S <i>Q</i>	g address: House No- y/Village: <u>のどいみん</u> ひん <u>のいなしど Mの人にの</u>	istrict	CHATTO	GRAM.				
DECLA	RATION OF THE RECOGNIZED	MEDICAL PRACT	TITIONER:					
	uly authorized by the Depart	ment of Shipping	, Governmer	nt of the People's	Republic of Ba	ngladesh and	confirm	
	llowings;							
	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							
	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: 1 2 MAR 2023							
6.	Fit for lookout duties?: YES/	NO				1940		
7.	Is the seafarer free from an	y medical condition	on likely to be	e aggravated by se	rvice at sea or	to render the	seafarer	
	unfit for service or to rende	r the health of an	y other perso	ons on board?:				
	YES/NO							
8.	Any limitations or restriction	ns on fitness?: YE	S/NO [▼]					
	If YES, specify limitations or restrictions							
	Duties:	а						
	Location/Vessel:				*			
	Medical/Other			~ ~	20 .			
9.	Medical fitness category:	Fit-No restric	tion	Fit-subject to res	strictions	Unfit		
								
10	. Date of examination/Issue (of examination/Issue (DD/MM/YYYY)						
11	. Date of expiry (DD/MM/YY)	Y)444.A.D	··· 9A9E·······	"No more than 2	years from the	e date of exam	nination"	
		I I MAN	LUZJ					
					1	7		

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.S.; P.G.T (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong.
Regn. No. A-11820
Name & Signature of the practitioner: