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

Form No:SMC



SL NO: 07-2022-1014

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

| SEA | AFAI | RER INFORMATION: |
|-----------------|-------------|---|
| Na | me: | Last MOSHARAP First MD Middle |
| Da | te of | f Birth:(DD/MM/YYYY) |
| Ge | ndei | r: (Male/Female) |
| Na | tion | ality: BANGLADESHI Passport/NID No: EFOB24708 |
| CD | C No | 7/33676 Seaman ID No: 0500/2739 |
| Oc | cupa | ation: Deck/Engine/Catering/Other (specify) D/RATING. |
| Eat | her' | r: (Male/Female) |
| Mo | the | r's Name: ANNA |
| | | address: House No- Street/Road No- |
| Loc | ality | /Village: DIGAR PO JAHIDGOND |
| P.S | | gaddress: House No- Street/Road No- 1/Village: DIGAR P.O. JAHIDGONJ GHATAIL District TANGAIL |
| | | |
| DE | CLAF | RATION OF THE RECOGNIZED MEDICAL PRACTITIONER: |
| | | |
| l ar | n du | ly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm |
| the followings; | | |
| | | 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 |
| | | Colour vision meets standards in section A-I/9?: YES/NO |
| | | Date of last colour vision test: 0 9 JUN 2022 |
| | 6. | Fit for lookout duties?: YES/NO |
| | | 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 restrictions Unfit |
| | | n g Jun 2022 |
| | 10. | Date of examination (Issue (DD/MM/VVVV) |
| | | Date of expiry (DD/MM/YYYY) |
| | | U 8 JUN 2024 |
| | | |

I have read the contents of the certificate and have been informed of the right to review.

MoShanaf

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: