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

Form No:SMC

and have been informed of the right to

Seafarer's Signature

review. •



SLNO: 07 - 2024-0140

Agrabad C/A, Chittagong IMDC Reg. No. A-11820 AND APPROVED BY

Name & Signature of the practitioner:

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

SE	AFA	ER INFORMATION:	
Na	me	Last RAHMAW First MD Middle SHIBLU	
Da	ite c	Birth:(DD/MM/YYYY) 10-10-1999	
Ge	ende	: (Male/Female)	
Na	tior	lity BANGLA DESTI Passport/NID No. 413460898	
CD	CN	77 33684 Seaman ID No: 0500 / 3299	
Oc	cup	tion: Deck/Engine/Catering/Other (specify)	
F ai	ther	Birth:(DD/MM/YYYY) (Male/Female)	
Mo	othe	's Name: MST SHEFALI WHATUN	
		address: House No- Street/Road No-	
Loc	calit	address: House No- Street/Road No- /Village: <i>MoD.Do. p.HARA</i> P.O. <i>SAY ED POL</i> - 6682 .	
P.S	SS	District PADNA-	
DE	CLA	ATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
		The same of the sa	
l aı	m di	y authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confir	
the	fol	owings;	111
	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	
		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: 2 0 JAN 2024	
	6.	Fit for lookout duties?: YES/NO	
		s the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafare	
		unfit for service or to render the health of any other persons on board?:	er
		YES/NO	
	8.	Any limitations or restrictions on fitness?: YES/NO	
	٥.	If YES, specify limitations or restrictions	
		Duties:	
		Location/Vessel:	
		Medical/Other	
		/ /	
	9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Linfit	
	٥.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit	
	10	Date of examination/Issue (DD/MM/YYYY). 2 0 JAN 2024	
	10.	Date of examination/issue (DD/MM/YYYY)	
	тт.	Date of expiry (DD/MM/YYYY) 1 9 1 A N 2026 "No more than 2 years from the date of examination	۱"
Lhav	/e re	d the contents of the certificate	
		a the contents of the certificate	