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

Form No:SMC



SL NO: 07-2021-0347

10, Agrabad C/A, Chittagong.

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

SEAFARER INFORMATION:	MOLAMMAN	Middle ABDUL
Name: Last	First	Middle
Date of Birth;(DD/MM/YYYY)	-01-1939	
Nationality BANGLADESHI P	assport/NID No:	70
Gender: (Male/Female) 77722 Nationality BANGLA DESH 1 P CDC No. 772871 Sea Sea	man ID No: 05000078	50
Occupation: Deck/Engine/Catering/O Father's/ Husband's name:	ther (specify)	
Father's/ Husband's name: AS	HAD ALI,	
Mother's Name:	LIMA KHATUN	
Mailing address: House No-	Street/Road No-	CA CAZAR
Mailing address: House No- Locality/Village: KARIMPO	P.O. PADIPA	RA 13HZAN
P.S. BEGUMGONJ Dis	trict NOAHALI.	

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: 15 MAR 2021
- 6. Fit for lookout duties?: YES/NO

Seafarer's Signature

- 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

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	Duties:	-		
	Location/Vessel:			<
	Medical/Other			
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9.	Medical fitness category :	Fit-No restriction	Fit-subject to restrictions	Unfit
		15 1	AD 0001	
	Date of examination/Issue (I		IAR ZUZI	
11.	Date of expiry (DD/MM/YYY	Y)1 4 MAR 2023		n the date of examination
-				(C)
	ead the contents of the certificat e been informed of the right to			MD. AYUBUR RAHMAN B.B.S.: P.G.T (Medicine) Taher Chamber