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

Form No:SMC



SL NO: 07-2021-1109

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	Last RAMMAN.	First MOHAMMAD	Middle KHALICUK	<u>`</u>	
Name:	Last	First	Iviidule	•	
Gender: (Male/Female)					
vationality: Unit S64.2 Server ID No. 0500084.70					
DOM DO	tion: Deck/Engine/Cataring/	Other (specify) CH OF	yetr.		
Jccupa Za+bor'	don: Deck/Engine/Catering/	OHAMMAD BAHAR	20DIA.		
Mothor	's Name: MRS	JULEKHA KHATUN	F		
Violine	address: House No. 7	JOLEKHA KHAI P/7-1 Street/Road No-P EWNT KHBH KEA	OWER HOUSE RD.		
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	A. C.		, , , , , , , , , , , , , , , , , , ,		
DECLAR	RATION OF THE RECOGNIZED	MEDICAL PRACTITIONER:			
am du	ly authorized by the Departi	ment of Shipping, Government	of the People's Republic of Ba	ingladesh and confirm	
	owings;				
1.	. Confirmation that identification documents were checked at the point of examination: YES/NO				
	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.	5. Colour vision meets standards in section A-I/9?: YES/NO				
Date of last colour vision test: 1 6 SEP 2021					
6.	Fit for lookout duties?: YES/NO				
7.	7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render t				
unfit for service or to render the health of any other persons on board?: YES/NO					
8.	Any limitations or restriction				
	If YES, specify limita	tions or restrictions			
	Duties:				
	Location/Vessel:				
	Medical/Other				
9.	Medical fitness category:	Fit-No restriction Fi	t-subject to restrictions	Unfit	
		16 SEP 2	N21		
10.	10. Date of examination/Issue (DD/MM/YYYY)				
11. Date of expiry (DD/MM/YYYY)					
		1 9 GL1 2029		74	
have =	ead the contents of the certifica	te a RAHMAW		<	
LIAVE I	au me contents of the Celling	LE VIII ACTIVITIES	·		

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

Malilus chman 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

Regn. No. A-11820 Name & Signature of the practitioner: