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

Form No:SMC



SLNO: 07-2024-0141

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:
Name: Last SCAM First MOHAMMAD Middle MOMIROL Date of Birth:(DD/MM/YYYY) 12-11-1968,
Date of Birth:(DD/MM/YYYY)
Gender: (Male/Female)
Nationality: 13 HOULT DE SHI Passport/NID No: 404191648
CDC No7/32637 Seaman ID No: 0500/0860
Occupation: Deck/Engine/Catering/Other (specify)
Nationality: BANGLADESHI. Passport/NID No: A0191648 CDC No. 7/32-637 Seaman ID No: 0500/0860 Occupation: Deck/Engine/Catering/Other (specify). SUI-11 Father's/ Husband's name: HANDL HOWLADER
Mother's Name: SONA-BANU,
Mailing address: House No- Street/Road No-
Locality/Village BARI PASHA. P.O. BHARIPASHA.
Mailing address: House No- Street/Road No- Locality/Village BARI PASHA - P.O. BHARIPASHA - P.S. BAU DHAL District PATUA KHALI.
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?: YEŞ/NO
5. 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
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
Duties:
Location/Vessel:
Medical/Other
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
The subject to restrictions
10. Date of examination/Issue (DD/MM/YYYY)2 0 JAN 2024
11. Date of expiry (DD/MM/YYYY)19JAN 2026
1 9 JAN 2026
I have read the contents of the certificate
And have been informed of the right to Official Official Official OR. MD. Ayubur Rahman OR. MD. Ayubur Rahman
de ne Per an Agrabad C/A, Chitteen April 10 Agrabad C/A, Chite
BMD BPROVED BY
Seafarer's Signature Name & Signature of the practitioner: