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

Form No:SMC

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

Seafarer's Signature

review.



SL NO: 07-2023-1545

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:

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 |
| Date of Birth: (DD/MM/YYYY) |
| Gender: (Mala/Fomala) MAPE |
| Nationality BANGLADE SHI Passport/NID No: EH 848 & 195 |
| CDC No. 7/30580 - Seaman ID No: 650062583 |
| Nationality/34NGLADESHI Passport/NID No: EH648 £ 1 45 CDC No |
| rather s/ Husband's name: |
| Mother's Name: HAZERA KHATOON |
| Mailing address: House No-Street/Road No-Locality/Village: BA DOA UTTARDARAPO KOKD HOLA. |
| Locality/Village: 13th HOLF UTTHRANKAPO KOKD FIORA. |
| P.S. KACIHATI District TANGAIL. |
| DECLARATION OF THE DESCRIPTION |
| DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: |
| I am duly authorized by the Danasta at the Control of the Control |
| I am duly 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 |
| 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: 1 1 NOV 2023 |
| 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 |
| |
| 10. Date of examination/Issue (DD/MM/YYYY) 11 NOV 2023 |
| 11. Date of expiry (DD/MM/YYYY) |
| I O HOY ZUZJ |
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