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

Form No:SMC

review.

Seafarer's Signature



SL NO: 07-2023-1057

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

SEAFA	RER INFORMATION:
Name:	Last RAHMAN First MOHAMMAD Middle ZAHIDUR First MOHAMMAD Middle ZAHIDUR
Date o	f Birth:(DD/MM/YYYY)01-01-1972 ·
Gende	r: (Male/Female) MALE
Nation	ality: BANGLADESHI Passbort/NID No: 300066589
CDC No	7/30641 Seaman ID No: 050004167
Occupa	ality: BANGLADESHI Passport/NID No: B00066589 D. 7/30641 Seaman ID No: 050004167 ation: Deck/Engine/Catering/Other (specify) SM-2
Father	s/Husband's name: SRHERB HASAN T'S Name: SRHERB HASTING
Mailing	g address: House No- Street/Road No- y/Village: GORO POSTOIC PO FARSHI PARA- HAMUIR HAT District NAOGAON
Locality	y/Village: BORO POSTOIL P.O. FARSHI PARA.
P.S.	HAMULRHAT District NAOGAON
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am du	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
the foll	owings;
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: 0 7 AUG 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:
Gar . c	Medical/Other
9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
10.	Date of examination/Issue (DD/MM/YYYY). 0 7 AUG 2023
11.	Date of expiry (DD/MM/YYYY)06AU62025
	0 0 A00 2023
	ad the contents of the certificate
	been informed of the right to DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine)
eview.	Taher Chamber