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

Form No:SMC



SLNO: 07-2023-0332

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

Date of Birth: (DD/MM/YYY) 31-12-1978 Gender: (Male/Female) MACE Nationality: BANGLADESHI Passbort/NID No: A06971971 CDC No. 7/29939 Seaman ID No: 050002924 Occupation: Deck/Engine/Catering/Other (specify) SM-1 Father's/Husband's name: Motera MMAD ABBUS SAMAD Mother's Name: MRS, ANWARD BEGUM	SEAFARER INFORMATION:	A delegad Ad D D	FAZLUL.	
Date of Birth: (DD/MM/YYY) 31-12-1978 Gender: (Male/Female) MALE Nationality: BANGLADESH! Passbort/NID No: A06971471 CDC No. 7729937 Seaman ID No: 050002924 Occupation: Deck/Engine/Catering/Other (specify) SM-1 Father's/Husband's name: MOLHAMMAD ABDUS SAMAD Mother's Name: MRS, ANWARD BEGUM Mailing address: House No- Street/Road No- Street/Road No- Locality/Village: G.O.R. MANDA P.O.	Name: Last. HO. Q. C. E.	First.	Middle	
Gender: (Male/Female) MACE Nationality: BANGLADC SHI. Passbort/NID No: A06971971 CDC No. 729937 Seaman ID No: 050002924 Occupation: Deck/Engine/Catering/Other (specify) SM-1 Father's/Husband's name: MOLLAMMAD ABDUS SAMAD Mother's Name: MACE Mailing address: House No- Street/Road No- Street/Road No- Locality/Village: GRARAMAD	Date of Birth:(DD/MM/YYYY)	31-12-1978		
CDC No	Gender: (Male/Female)	MALE	i i i i i i i i i i i i i i i i i i i	
CDC No	Nationality: BANGLADESHI	.Passbort/NID No: 40697	1971	
Father's/Husband's name: MOHAMMAD ABDUS SAMAD, Mother's Name: MRS, ANWARD BEGUM, Mailing address: House No- Street/Road No- Locality/Village: GRAR KANDA P.O. 670 RARAD A.	CDC No. 1/ 277 34	eaman ID No: 050027	27	
Father's/Husband's name: MOHAMMAD ABDUS SAMAD, Mother's Name: MRS, ANWARD BEGUM, Mailing address: House No- Street/Road No- Locality/Village: GRAR KANDA P.O. 670 RARAD A.	Occupation: Deck/Engine/Catering/	Other (specify)		
Mailing address: House No- Street/Road No- Locality/Village: GRAR KANDA P.O. 670 たみのとみのひろ -	Father's/ Husband's name:	YOUAMMAD ABDC	IS SAMAD,	
Locality/Village: GORDR KANDA P.O. GTORDR & ANDA	Mother's Name:	YRS, ANWARD BO	EGUM	
P.S. JAMALOUR District JAMALOUR.	Locality/Village:	NDA P.O. GTORI	PREANDA -	
	P.S. JAMALDUR	DistrictJAMALDC	HR.	

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: **1 2 MAR 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

	in res, speeny minitat	ions of restrictions				
	Duties:		3	5		
	Location/Vessel:					
	Medical/Other					
			.\			
9.	Medical fitness category :	Fit-No restriction	Fit-subject	to restrictions	Unfit	
10. Date of examination/Issue (DD/MM/YYYY) 1 2 MAR 2023 11. Date of expiry (DD/MM/YYYY) 1 MAR 2025 11. Date of expiry (DD/MM/YYYY) 1 1 MAR 2025						
	ead the contents of the certificat e been informed of the right to Formul Seafarer's Signature		AV TO BUDGENAL	M.B.B.S; P. Taher	JBUK RAHMAN G,T (Medicine) Chamber C/A, Chittagong. No. A-11820 e of the practition	