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

Form No:SMC



SL NO: 07- 2023-0522

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

Regulation 1:2 of the 1:11				
SEAFARER INFORMATION:	FirstYUSUF	Middle		
Name: Last	First	IVIIdale		
Date of Birth (DD/MM/YYYY) .Qt	1999			
Candari (Mala/Eamala) MALE				
NI II III II ANGTI ANGTI	Passport/NID No:			
CDC No T/ 34 10+ Se	aman ID No:			
Occupation: Dock/Engine/Catering/	Other (specify)			
Father's/ Husband's name:	D. MAYNAL HOSSA	IN		
Mother's Name:	JUS NA REGUM			
Mailing address: House No- Locality/Village: BATIKAMAR P.S. SARISHABARI D	Street/Road No) - 1		
Locality Willage: BATI KAMAR	P.O. BATI	KAMARI		
DC CARICHARARI D	istrict JAMALPUR			
P.S	13t1 fct	,		
DECLARATION OF THE RECOGNIZED	MEDICAL PRACTITIONER:			
I am duly authorized by the Depart	ment of Shinning Governm	ent of the People's	Republic of Bangladesl	n and confirm
			,	
the followings; 1. Confirmation that identifica	tion documents were check	ed at the point of ex	amination: YES/NO	
1. Confirmation that identifica	to in agetion A L/Q: VES/NO	ica at the point at		
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: 17 APR 2	023		
6. Fit for lookout duties?: 火 ÉS,	/NO	1	antico at sea or to rende	er the seafarer
 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?:				
√FS/NO				
8. Any limitations or restriction	ons on fitness?: YES/NŎ			
If YES, specify limit	ations or restrictions			
Duties:				
Location/Vessel:				
Medical/Other				
Wiedicaly other				
9. Medical fitness category:	Vit-No restriction	Fit-subject to re	estrictions Un	fit
9. Medical fitness category:				
10. Date of examination/Issue	(DD/MM/YYYY) 1 7 APF	2023		
10. Date of examination/issue	(00) (1111)	"No more than	2 years from the date of	of examination"
10. Date of examination/Issue (DD/MM/YYYY)				
	I O ALIV	~		
the contents of the certific	oate Oa MAYO		X	, \ \ \ \ .

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

Seafarer's Signature



OR.-M. 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: