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

Form No:SMC



SI NO. 07-2022-1030

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 FMON First ABUL Middle BASHAR	
Name: Last EMON First ABUL Middle BASHAR Date of Birth: (DD/MM/YYYY) 25-11-1988	
Date of Birth:(DD/MM/YYYY)25-11 - 1988	
- 1 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N	
Nationality: BAN GLADESH! Passport/NID No: EJ0/379 35	3
CDC No 7/33665 Seaman ID No. 050012733	
Occupation: Deck/Engine/Catering/Other (specify)	
Nationality: BAN GLADESH! Passport/NID No: EJO1379 35 CDC No. T/33605 Seaman ID No: 050012733 Occupation: Deck/Engine/Catering/Other (specify) OILER Wather's/ Husband's name: MOHAMMAD SHARAJ UDDIN BISWAS	
Mother's Name: MOST LUTFUR WAHAR!	
Mailing address: House No- Street/Road No-	
Locality/Village: SHETARAM PUR PO DIHIBAKRA P.S. JHENAIDAH SADAR District JHENAIDAH	
P.S. JHENAIDAH SADAR District JHENAIDAH	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confi	rm
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 JUN 2022	
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 seafa	rer
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). 1 2 JUN 2022	
11. Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination	on"
T I JUN 2024	

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

BASHAR

Seafarer's Signature



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: