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

Form No:SMC



SLNO: 07- 2021-0175

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 CHOWDHURY First MAHIR HASAN Middle	<u>,</u>
Date of Birth:(DD/MM/YYYY)	
Gender: (Male/Female)MALE	
Nationality: BANGLADESHI Passport/NID No: BW 0528255	
CDC No. C/0/ 7952 Seaman ID No: 050005708	
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/Husband's name: MAHMUDUL HASAN CHOWDHURY	
Mother's Name: SHAHNAJ SHARMEEN	
Mailing address: House No- Street/Road No-	
Locality/Village: KAZIR DEWRI P.O. G7PO	
P.S. KOTWALI District CHATTOGRAM	

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?: VES/NO
 - Date of last colour vision test: 1 6 FEB 2021
- 6. Fit for lookout duties?: ¥ES/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?:

VES/NO

8. Any limitations or restrictions on fitness?: YES/NO

If YES, specify limitations or restrictions

Dutie						
	ion/Vessel:					
9. Medic	al fitness category :	Fit-No restriction	Fit-subjec	t to restrictions	Unfit	
10. Date o 11. Date o	f examination/Issue (f expiry (DD/MM/YY	DD/MM/YYYY) <mark>16F</mark> (Y) 1 5 FEB		than 2 years from th	e date of examina	ition"
and have been in review. 7	contents of the certifican nformed of the right to A rer's Signature	te	ficial	DR. M. AYUBU M.B.B.S; P.G. Taher Ch *0. Agrabad C/A • Name & Signature	r (Medicine) amher	