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

Form No:SMC

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

Seafarer's Signature

review.



SL NO: 07 - 2021 -0806

M.B.B.S; P.G.T (Medicine)
Taher Chamber
10. Agrabad C/A, Chittagong.
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:				APNI	
Name:	LastMABUD  Birth:(DD/MM/YYYY)	First	MD	Middle	ABDUL .	
Date of	Birth:(DD/MM/YYYY)	02-09-19	181			
Gender	FBirth:(DD/MM/YYYY)  THE COMMITTE STATE ST					
Nation	ality: ISANGLADESHI	Passport/NID	No:			
CDC No	CIO/ 4281	Seaman ID No:.				
Occupa	thom. Decky Engine, catering	s, other (specify	//	FICEI		
Father'	s/ Husband's name: LA.	TE MD. ]	AFAR			
Mother		RIDA BEG			1.41	
	address: House No-	- S	treet/Road No-			
Locality	//Village: MAHATA	P	O. PARA	IKORA		
P.S	ANWARA	District CHA	TTOGRAI	7		
DECLA	RATION OF THE RECOGNIZE	D MEDICAL PR	ACTITIONER:			
	lly authorized by the Depai	tment of Shipp	oing, Governme	nt of the People's	Republic of Banglad	lesh and confirm
	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						
	Unaided hearing satisfactory?: YES/NO					
	Visual acuity meets standards in section A-I/9?: YES/NO					
5.	5. Colour vision meets standards in section A-I/9?: YES/NO					
	Date of last colour vision test: 1 7 JUL 2021					
	. Fit for lookout duties?: VES/NO					
7.	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 rend VES/NO	er the health o	f any other person	ons on board?:		
8.	Any limitations or restriction	ons on fitness?	YES/NY			
	If YES, specify limit	ations or restri	ctions			
	Duties:					0 1.
	Location/Vessel:					
	Medical/Other					
		1		1		20.00
9.	Medical fitness category:	Fit-No res	triction	Fit-subject to re	strictions	nfit
10.	Date of examination/Issue	(DD/MM/YYYY	7 JUL 20	21.		
	Date of expiry (DD/MM/YY		/	"No more than	2 years from the date	of examination"
	(DD/141141/11	,	1 6 1111 20	23	2 years from the date	. Or examination
			, 0 302 20			•