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

mo: Zomosot



SL NO: 07 - 2021 - 0094

DR. 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:

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 SHAIKH First MD JOMAROT Middle
Date of Birth:(DD/MM/YYYY)
Gender: (Male/Female)MALE
Gender: (Male/Female). MALE Nationality: BANG-LADESHI Passport/NID No: BC 019 4494/ A 00215956
CDC NoSeaman ID No:
Occupation: Deck/Engine/Catering/Other (specify)
Father's/Husband's name: MDKHABIR UDDIN SHAIKH
Mother's Name: MST AMENA KHATUN
Mailing address: House No- Street/Road No-Locality/Village: KHALILPUR P.O. KHALILPUR P.S. AMINPUR District PABNA
Locality/Village: KHALICPUR P.O. KHALICPUR
P.S. AMINIPUIT District PABNA
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:
Date of last colour vision test: 3 1 JAN 2021 6. Fit for lookout duties?:
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafare
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). 31JAN2021 11. Date of expiry (DD/MM/YYYY)
11. Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination
3 0 JAN 2023
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Official

Stamp