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

Form No:SMC



SLNO: 07- 2023-1592

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 INFOR	MATION:						
Name: Last	AMIN	First	MD.		.Middle	AL	
Date of Birth:(DD/	/MM/YYYY)	15-12-	1995				
Gender: (Måle/Fe	male) MALE						
Nationality: BAN	GLADESHI	Passport/N	NID No: 4	053691	60		
CDC No. CIO	1 10065	Seaman ID N	o:				
CDC NoClO. Occupation: Deck,	/Engine/Catering	/Other (spe	cify)E	CADET			
Father's/ Husband	d's name:	MD. AB	UL HOSSA	IN			
Mother's Name:		UMME	KULSUM				
Mailing address: Locality/Village:	House No-	1	Street/Road	d No-			
Locality/Village:	MOISHAT	AKI	P.OKA	TAKHA	<u>L (</u>		
P.S. TRISHA	1L	District M	IYMENSI	NGTH			

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? XES/NO
- Date of last colour vision test: 1 6 NOV 2023
- 6. Fit for lookout duties?: WES/NO

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

If YES specify limitations or restrictions

			tions of restrictions			
		Duties:		71		
		Location/Vessel:				1
		Medical/Other				
		Medical fitness category :	Fit-No restriction		to restrictions Unfi	t
	10.	Date of examination/Issue (I	DD/MM/YYYY1 6 NI	NV 2023	8	
		Date of expiry (DD/MM/YYY			han 2 years from the date of	examination"
			1 5 NOV			examination
nd	have	ad the contents of the certificat been informed of the right to	te	YUBUR PERMIT	DR. M. AYUBUR RAHMAI	
:VI	ew. •	Al Arris Seafarer's Signature	HB B B	HTD SX	Taher Chamber	
	e. N	Seafarer's Signature	P.G.T.	(Medicine)	10. Agrabad C/A, Chittagong Name & Signature of the pro-	actitioner: