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.



SLNO: 07-2022-1767

Taher Chamber 10, Agrabad C/A. Chittagong.

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

| SE | AFAF | RER INFORMATION: |
|-----|--------|--|
| Na | me: | Last Hogs AIN First MOHAMMAD Middle ANNA R Birth:(DD/MM/YYYY) 12-03-1967. |
| Da | te of | Birth:(DD/MM/YYYY) |
| - | | (/AAKI-/Famala) MA/F. |
| Na | tiona | ality: BANGLA DESHI Passbort/NID No: EB0257138 |
| CD | C No | 7/39056 Seaman ID No: 050013165 |
| Od | cupa | tion: Deck/Engine/Catering/Other (specify) |
| Fá | ther's | ality: BAN GLA DESH! Passbort/NID No: EB0257138 Seaman ID No: 050013165 Ition: Deck/Engine/Catering/Other (specify) MOTOR MAN S/ Husband's name: MOHAMMAD NURUC ISCAM |
| M | other | 's Name: NUR JAHAN BEGUM, |
| M | ailing | address: House No- Street/Road No- |
| Lo | cality | Village: WHALILPUR PO KHALILPUR |
| P.5 | , 5 | Village: MHALIL PUR. P.O. KHALIL PUR. SUJANAGAA. District PABNA |
| | | |
| DE | CLAF | RATION OF THE RECOGNIZED MEDICAL PRACTITIONER: |
| | | |
| l a | m du | ly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm |
| th | | 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 |
| | 4. | Visual acuity meets standards in section A-I/9?: YES/NO |
| | | Colour vision meets standards in section A-I/9?: YES/NO |
| | | Date of last colour vision test: 2 4 OCT 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 seafarer |
| | | unfit for service or to render the health of any other persons on board?: |
| | | ₩ES/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)2 4 OCT 2022 |
| | 11. | Date of expiry (DD/MM/YYYY)230c72024 |
| | | L J OUI LULT |
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