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

Form No:SMC



SL NO: 07 - 2022 - 0184

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 AZAD First MOHAMMED Middle ABUL KALAM | |
| Date of Birth: (DD/MM/YYYY)01-01-1969 | |
| Candan (MXIa/Famala) MALE | |
| Nationality: BANGLADES HI Passbort/NID No: EG 08045 +6 | |
| CDC No | |
| Occupation: Deck/Engine/Catering/Other (specify) | |
| Father's/ Husband's name:M.DMOBARAK ULLA | |
| Mother's Name: SAMSUR NAHAR | , v _e |
| Mailing address: House No- Street/Road No- Locality/Village: DURGA DAWLATPUR P.O. DAUTI | |
| Locality/Village: DURGA DAWLATPUR P.O DAUTI | |
| P.S. SONALMURI District NOAKHALI | |
| | |
| DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: | |
| | |
| I am duly authorized by the Department of Shipping, Government of the People's Republic of Banglades | h 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: | |
| 6. Fit for lookout duties?: VES/NO 0 9 FEB 2022 | |
| 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to rend | er 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 Un | fit |
| | |
| 10. Date of examination/Issue (DD/MM/YYYY). 0.9. FEB. 2022 "No more than 2 years from the date of the control of the con | |
| 11. Date of expiry (DD/MM/1111) | |
| 0 8 FEB 2024 | |
| | |

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Seafarer's Signature

I have read the contents of the certificate

and have been informed of the right to

review.



DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10. Agrabad C/A, Chittagong. Name & Signature of the practitioner: