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

Form No:SMC

Seafarer's Signature



SL NO: 07-2021-1492

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

SEAFA	RER INFORMATION:
Name:	RER INFORMATION: Last MCBIN First ABDUL Middle KHALE
Date o	5 Divide 100 (8484 (1777)) 13-67-1999
Gende	(Male/Female) MACE
Nation	ality
CDC No	3DS 2662 K.B. Seaman ID No:
Оссира	ation: Deck/Engine/Catering/Other (specify)
	s/ Husband's name: MD. ABBUL MONGE.
Mothe	r's Name: BEAUTY AKTER.
Mailing	address: House No- 99 Street/Road No- 49-4
Locality	/Village: KAIBOLLODHAM ROOD FEROTSHAH OCLONY.
P.S	KBARSHAH District CHATTORRAM.
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DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
	described and the property of
	ally authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
	owings; Confirmation that identification documents were checked at the point of examination: YES/NO
	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.	Colour vision meets standards in section A-I/9?: YES/NO
5.	Date of last colour vision test: 16 16 12 12 2021
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?:
	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
	0.0000
10.	Date of examination/Issue (DD/MM/YYYY)0.6D.E.C2021.
11.	Date of expiry (DD/MM/YYYY)
	U 9 DEC 2025
	RAHMA
	ead the contents of the certificate
anu nav	e been informed of the right to DR. MD. AYUBUR RAHMAN OFFICIAL SET OF TO A CONTROL OF TO A C