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

Form No:SMC



SL NO:07 - 2021 - 1493

## 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

SFAFA	RER INFORMATION:
Name:	Last ALAM First MOHAMMED Middle SEKANDER
	ELAST ALAM First MOHAMMED Middle SEKANDER  of Birth:(DD/MM/YYYY) 28-09-1981
Ganda	or (M5la/Famala) MALE
Nation	o
CDCN	0 (0) 5251 Seeman ID No. 050003550
Occur	ation: Deck/Engine/Catering/Other (specify) <i>E/CADET</i>
Eather	r's/ Husband's name:ALLAHMED
	·
	A Control of Sector
	g address: House No- Street/Road No- y/Village: DAULATPUR P.O. FAZIL KHAR HAT
D C	SARNAPAULI District CHATTOGIRAM
P.3	DistrictDistrict
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
l am d	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
	llowings;
	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
٥.	
6	Date of last colour vision test: 0 6 DEC 2021  Fit for lookout duties?: YÉS/NO
7.	
• •	unfit for service or to render the health of any other persons on board?:
	XES/NO
8.	Any limitations or restrictions on fitness?: YES/NO
٥.	If YES, specify limitations or restrictions
	Duties:
	Location/Vessel:
	Medical/Other
	Wiedically Other
9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
٦.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
10	. Date of examination/Issue (DD/MM/YYYY).0.6DEC2021
11	. Date of expiry (DD/MM/YYYY)
	0 5 DEC 2023
	DR DR
I have r	ead the contents of the certificate

and have been informed of the right to review.

Seafarer's Signature



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