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

Form No:SMC

Seafarer's Signature



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

SEAFARER INFORMATION:	A		
Name: LastRAHIM	First	Middle	
Date of Birth:(DD/MM/YYYY) 1.6/.1	2/1972		
Gender: (Male/Female)			
Nationality:BANGLADESHIP	Passport/NID No: £9007	'667 <i>0</i>	
CDC No.C[D].293.0Sea	man ID No:		
CDC No. <b>L.[D]29.3.0</b> Sea Occupation: Deck/Engine/Catering/O	ther (specify)ENGIN	IE (CHIEF ENGINEER)	
Father's/ Husband's name: ANO	WERAZIM	,	
And I have fill made as Am		- 02 - = -	A
Mailing address: House No-	2 Street/Road N	o- SECTOR-03, UTTAR	A
Locality/Village: UTTARA	P.O. LITT/	SRA.	
P.SDis	strict DHAKA		
VIVI	11 10 t 1111 pp 1919		
DECLARATION OF THE RECOGNIZED	MEDICAL PRACTITIONER:		
I am duly authorized by the Departm	ent of Shipping, Governn	nent of the People's Republic of	Bangladesh and confirm
the followings;	7		
<ol> <li>Confirmation that identificati</li> </ol>	on documents were check	ked at the point of examination:	/ES/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?: YES/NO			
	sion test: 1 0 OCT 2022		
6. Fit for lookout duties?: YES/N			
The second secon		be aggravated by service at sea	or to render the seafarer
unfit for service or to render			Of to foliate the season
YES/NO	the health of any other pe	JISONS ON BOUNTY.	
8. Any limitations or restrictions	s on fitness? VFS/NO		
If YES, specify limitations			
Duties:	OHS OF TEST ICTIONS		
Location/Vessel:			
Medical/Other			
Wedical/Other			
9. Medical fitness category:	Eit No restriction	T't1:t to magnificant	Unfit
5. Wedical fittless category.	Fit-No restriction	Fit-subject to restrictions	Uniii
10. Date of examination/Issue (D	DAMA VVVVV 10 OCT	2022	
11. Date of examination/issue (DD/MM/YYYY)			
11. Date of expiry (DD/MM/YYYY)			
	ficial control	<u> </u>	
I have read the contents of the certificate	RAHMA		$\times M \sim$
and have been informed of the right to	Solona CA	DR. MD.	AYUBUR RAHMAN
review.	≥ Sifficial	M.B.B.S	S; P.G.T (Medicine)