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

Form No:SMC



SLNO: 07- 2020-1348

Taher Chamber Agrabad C/A, Chittagong.

Name & Signature of the practitioner:

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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: LastISLAM First. KAMRUL Middle | |
| Date of Birth:(DD/MM/YYYY) 10-09-1994 | |
| Gender: (Male/Female)MALE | |
| Nationality: BANGLADESHI Passport/NID No: BX 007 3317 | |
| CDC No | |
| Nationality: BANGLADESHI Passport/NID No: BX 007 3317 CDC No | |
| Father's/ Husband's name:SI.RA.J. MIA | |
| Mother's Name: NASIMA BEGUM | |
| Mailing address: House No- Street/Road No- | |
| Locality/Village: RAHIMERKANDI P.O. VATER CHAR | |
| P.S. BELABO District NARSINGDI | |

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh 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
- Colour vision meets standards in section A-I/9?: YES/NO 5.
 - Date of last colour vision test: 1 0 NOV 2020
- 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

Seafarer's Signature

8. Any limitations or restrictions on fitness?: YES/NO If YES, specify limitations or restrictions

| Duties: | аранан саранан | | |
|--|--|-----------------------------|---|
| Location/Vessel: | | | |
| Medical/Other | | | × |
| | | | |
| 9. Medical fitness category : | Fit-No restriction | Fit-subject to restrictions | s Unfit |
| | | 1 0000 | |
| 10. Date of examination/Issue | (DD/MM/YYYY)(N.() | / <u>ZUZU</u> | |
| 11. Date of expiry (DD/MM/YY | YY) | "No more than 2 years fro | om the date of examinatio |
| | 0 9 NOV 20 | 22 | |
| I have read the contents of the certification | 01100 | | ZA |
| and have been informed of the right to review. | Office | | M. AYUBUR RAHMAN B.B.S: P.G.T (Medicine) |