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

Form No:SMC



SL NO: 07-2020 - 1419

## **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

	RER INFORMATION:	MD	.di	$C_{M} N_{M} N_{M}$	ы	OQUE	
	Last BHUIYAN Firs Birth:(DD/MM/YYYY) 10 - 03	it		MiddleEMDADUL		VQVE	
Date of	Birth:(DD/MM/YYYY)	5-1995					
Gender	: (Male/Female)MALE	/					
Nationa	ality: 134 NG LADE SHI Passp	ort/NID No:[3/	V 00	20554			
CDC No		ID No:	5 000	9310			
Occupa	: (Male/Female) MACE ality: BANGLADESHI Passp C」の1948子 Seaman tion: Deck/Engine/Catering/Other	(specify)	CA	DET			
Father's	s/ Husband's name: <i>!!!!!!</i> !	EKRAMUL	HOQ	JE BHUIYAN			
Mother	's Name: PARU	IL AKTER					
	address: House No-	Street/Roa					
Locality	/Village:V.HULKORA	P.O	KON.	KAPOIT			
P.S	HAUDDAGRAM District	CUMILLI	9				
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:							
	ly authorized by the Department	of Shipping, Gov	ernmer	nt of the People's Republic of	Bang	gladesh and	d confirm
the foll		•			./		
	Confirmation that identification d			at the point of examination:	YES/N	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						
	Date of last colour vision test:						
	Fit for lookout duties?: YES/NO 2 2 NOV 2020						
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 h	ealth of any other	er perso	ns on board?:			
	√YES/NO	./					
8.	Any limitations or restrictions on f	itness?: YES/NO					
	If YES, specify limitations of	or restrictions					
	Duties:						7
	Location/Vessel:						
	Medical/Other						
9.	Medical fitness category : VFit-	No restriction		Fit-subject to restrictions		Unfit	
10.	Date of examination/Issue (DD/M	M/YYYY <mark>22</mark> NJ	UV 2				
11.	Date of expiry (DD/MM/YYYY)			."No more than 2 years from	the d	late of exar	mination"
		2 1 NOV 202					
		T I HADA TOT	· les				

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber

10. Agrabad C/A, Chittagong.
Regn. No. A-11820

Name & Signature of the practitioner: