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

Form No:SMC

Seafarer's Signature



SL NO: 07-2024-0647

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:	MAHA MUDUL	
Name:	RER INFORMATION: Last. HASAN First MO f Birth:(DD/MM/YYYY) 01-65-2002	Middle	
Date o	r: (Male/Female) r: (Male/Female) ality: BANGLADE SHI Passport/NID No: A 03785 726 co. 7/31693 Seaman ID No: 0500/5198 ation: Deck/Engine/Catering/Other (specify) s/s/ Husband's name: MA ABAUL MA 210		
Gende	olim BANGLADESHI DONOMININA ADZ 385 726		
CDC N	7/34693 Common ID No. 05 DO/ 5198		
Opening	Seaman ID No:		
Occupa	ation: Deck/Engine/Catering/Other (specify)		
- rainer	r's Name: MST MONDARA BEGOM.	*	
Mailin	r s Name: 1957 196 Not KA 1509 0		
Locality	g address: House No- Street/Road No- y/Village: DEAIR MOSUKIA, P.O. TASINDOR. OAGATI DARA District NATORE		
D C	RAGATI DARA Dictrict NATORE		
P.3	DISTRICT	ariu e di mana	
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:		
	THE RECOGNIZED MEDICAL TRACTITIONER.		
I am di	uly authorized by the Department of Shipping, Government of the People's Re	muhlic of Rangladesh and confirm	
	lowings;	public of builgladesit and committee	
	Confirmation that identification documents were checked at the point of exam	nination: VES/NO	
2.	Hearing meets the standards in section A-I/9: YES/NO		
	3. Unaided hearing satisfactory?: YES/NO		
	Visual acuity meets standards in section A-I/9?: YES/NO		
5.			
	Date of last colour vision test: 2 5 APR 2024		
6.	Fit for lookout duties?: YES/NO		
	Is the seafarer free from any medical condition likely to be aggravated by servi	ice 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	The source considerable that	
9.	Medical fitness category: Fit-No restriction Fit-subject to restri	ctions Unfit	
	The subject to Testin	out on the same of	
10. Date of examination/Issue (DD/MM/YYYY) 2 5. APR 2024			
11. Date of expiry (DD/MM/YYYY)2.4A.PR2026			
Z T AI IV ZUZU			
I have read the contents of the certificate			
A within Rahman			
	e seemmonified of the light to	I.B.B.S. P.G. Chamber	
review.	As Per Starong	Agrabad C/A, Chillagon	
	Mahamudu Stampe	AND APPROVED BY	