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

Form No:SMC



SLNO: 07-2023-0934

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

Name: Last Technology Services and Services	SEAFAR Name: I	ER INFORMATION:	First MD SHAPIQUE	Middle	ISCAM		
Nationality: ***MARCATION** Passport/NID No: ***Seaman ID No: ***Occupation: Deck/Engine/Catering/Other (specify). ***DECK/Engine/Catering/Other (specify). ***D	Gandar	(Male/Female)	CC'				
CDC No. Seaman ID No: Occupation: Deck/Engine/Catering/Other (specify) DIADTIMA. Father's Husband's name: Moke The Hose Hose And The Low Dea. Mother's Name: Mother's Name: Street/Road No-Locality/Village: Hose No- Street/Road No-Locality/Village: Hose A. T.A. District Deck A. District Deck	Nationa	lity BANGLADESHI	Passhort/NID No. BR B.	99778			
Mother's Name: Mailing address: House No- Street/Road No- Locality/Village: M.O.M.TA.K.O.T.A	CDC No	Sea	aman ID No:				
Mother's Name: Mailing address: House No- Street/Road No- Locality/Village: M.O.M.TA.K.O.T.A	Occupa	tion: Deck/Engine/Catering/C	Other (specify)	RATING.			
Mother's Name: Mailing address: House No- Street/Road No- Locality/Village: M.O.M.TA.K.O.T.A	Father's	/ Husband's name:	KTER HOSSAIN) TALUK	DER.		
Mailing address: House No- Locality/Village: LOW TAKE A. P.O. MONTE: LOW TAKE		's Name:	SHULY AUTER	L			
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 5. Colour vision meets standards in section A-I/9?: YES/NO Date of last colour/vision test: 1 3 JUL 2023 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 8. Any limitations or restrictions on fitness?: YES/NO If YES, specify limitations or restrictions Duties: Location/Vessel: Medical/Other 9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit	Mailing	risk and the second sec	,				
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I have read the contents of the certificate and have been informed of the right to review. Muslim of Jelian .

Seafarer's Signature



DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong.

Name & Signature of the practitioner: