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

Form No:SMC



SL NO: 07-2022-1501

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 Scafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFA	RER INFORMATION:			-neco	
Name	RER INFORMATION: : Last	First	Mic	de TAREQ	***************************************
Date o	of Birth:(DD/MM/YYYY)	20-03-1998			
Gende	er: (Male/Female)	ALE			
Nation	nality: BANGLAUESHI	Passport/NID No: 5	100700	47·	
CDC N	0 7/32602 SC	aman ID No:	5001119	1.8	
Occup	of Birth:(DD/MM/YYYY) er: (Male/Female) nality: BANGLADE 34) o 7/32602 stion: Deck/Engine/Catering/	Other (specify) 0120	er.	.,,,,,,,,,,,,	
Father	's/ Husband's name:	MO. J.HANGIR	MCAM		
Mothe	er's Name:	OKEYA BEG	UMI		
Mailin	g address: House No- y/Village: カム PCR 3&& ロハ GA NJ D	Street/Road	No-		
Localit	y/Village: ALI PUR	P.O	Eguman	クルブ・	
P.S/	BEGUMGANJ D	istrict NOAXHA	921		
DECLA	RATION OF THE RECOGNIZED	MEDICAL PRACTITIONE	₹:		
	uly authorized by the Depart	ment of Shipping, Goverr	iment of the P	eople's Republic of Ba	ingladesh and confirm
	lowings;			√	
	1. Confirmation that identification documents were checked at the point of examination: YES/NO				
	P. 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				
5,					
		ision test: 0 5 SEP 2022			
	Fit for lookout duties?: YES/				
7.	Is the seafarer free from any	[20] (그렇게 20) 에 다른 [10] (그렇지, - 10) - 10 - 10 - 10 - 10 - 10 - 10 - 1			to render the seafarer
	unfit for service or to render	the health of any other p	ersons on boa	rd?:	
	YES/NO				
8.	Any limitations or restriction				
	If YES, specify limitat	tions or restrictions			
	Duties:				
Location/Vessel:					
,	Medical/Other				
			<u> </u>		
9.	Medical fitness category:	Fit-No restriction	Fit-subject	et to restrictions	Unfit
40	5	DAMAGOOD DE SEE	2022		
10.	Date of examination/Issue (E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	// 1		
11.	Date of explry (DD/MM/YYY)	0"0"4"SFP"2074"""	No more	e than 2 years from the	e date of examination"
			-		
I have re	ead the contents of the certificate	Q RAHIMA		\searrow	N-
	e been informed of the right to		11/2/2	DR. MD. AYL	IBUR RAHMAN
review.		्रिं (शाव्ये	相劃	M.B.B.S: P.	G.T (Medicine) Chamber
	MD TAREA ALAM	To Stamp		10 Agrahad	C/A, Chittagong.
•	Seafarer's Signature	10.85	6	Name & Signature	of the practitioner:
			- 11 L		