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

Form No:SMC

Seafarer's Signature



SLNO: 07-2023-1696

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

SEAFARER INFORMATION:	LIRA	<b>.</b>	61220	$\kappa$
Name: Last	. ,9 //( /-	N	Middle	
Date of Birth:(DD/MM/YYYY)	ロシーノタチン	3 ,		
Gender: (Male/Female)/A/C				
Name: Last	ort/NID No:	612650E	824467.	
CDC NoSeaman I	D No:			
Occupation: Deck/Engine/Catering/Other ( Father's/ Husband's name:	RABDU	RRA?	ZAK.	
	EMAR			
Mailing address: House No-	Street/Ro	ad No-		
Locality/Village: PAYERKANDI	P.O	MUKTA	GAEHA.	
Mailing address: House No- Locality/Village: PAYERKANDI P.S. MUMTO GALMA: District	MYME	NSINGIA	<b>4</b> ( )	
2				
DECLARATION OF THE RECOGNIZED MEDIO	CAL PRACTITIO	NER:		
		,	a 5	
I am duly authorized by the Department o	f Shipping, Gov	ernment of the	People's Republic of B	angladesh and confirm
the followings;	11 02	*		/
1. Confirmation that identification do	cuments were	checked at the	point of examination: YE	S/NO
2. Hearing meets the standards in sec				5,115
3. Unaided hearing satisfactory?: YES		,		
4. Visual acuity meets standards in se		S/NO		
5. Colour vision meets standards in se		**************************************		
Date of last colour vision te				
6. Fit for lookout duties?: YES/NO	31.00	K 16/1		
7. Is the seafarer free from any medic	al condition like	ely to he aggray	ated by service at sea or	to render the seafarer
unfit for service or to render the he				to render the scalarer
YES/NO	artir or arry other	er persons on b	ouru:.	with the second
8. Any limitations or restrictions on fit	ness? VES/NO			
If YES, specify limitations or				
Duties:	restrictions		-	
Location/Vessel:				
Medical/Other				
ivicalization of their				
9. Medical fitness category: Fit-N	In magtainting	E' 1		TT C
5. Weddear neness category.	No restriction	14.00 E	ject to restrictions	Unfit
10. Date of examination/Issue (DD/MIV	1 (VVVV) 0 8 D	EC 2023		· /
	1/ * * * * )		- u - Al u - 2	- J
11. Date of expiry (DD/MM/YYYY)	7 DEC 2025	No mo	ore than 2 years from th	e date of examination"
to the second	1 250 5050			van water van de
I have read the contents of the certificate	O RA	HMA		$\checkmark$
and have been informed of the right to	38/20130	O CA	DR. MD. AYL	IBUK RAHMAN
review.	T Off	ioia 5		G.T (Medicine) Chamber
	g sta	mp 3	10, Agrabad	C/A, Chittagong.
Carterial Circuit	* O. O.	ET 1/2	Regn. N	o. A-11820