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

Form No:SMC



SL NO: 07-2020-1181

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: Name: Last RHMMAN First MCHAMMAD Middle MIZANON Date of Birth: (DD/MM/YYYY) 18-03-1976	
Name: LastMiddle	
	N
A LIN MATA:	
Nationality: BANGLADEPPassport/NID No: EE 0712020	
Nationality: BANGLAD ESPassport/NID No: EE 0912020 CDC No. CLOT 3395 Seaman ID No: 650062434	
Occupation: Deck/Engine/Catering/Other (specify)	
Hather's/Husband's name: MAS. MOKLESOR RAHMAN Mother's Name: MRS. HARONA ARFTER KHATON Mailing address: House No- F3 851967eet/Road No- LACMATIA	
Mother's Name: MRS. HARONA AREPTER KHATON	•
Mailing address: House No- F3 8519 Street/Road No- LACMATIA	
Locality/Village: BLOELLA. P.O. MOLIAMMAD PUR.	
PS MOHAMMAD PUL District DHAKA.	

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
- Colour vision meets standards in section A-I/9?: YES/NO 5. Date of last colour vision test: 1 9 0CT 2020
- 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?: VES/NO
- 8. Any limitations or restrictions on fitness?: YES/NO

	If YES, specify limita	tions or restrictions		a a construction of the state o	an a	
	Duties:			3		
	Location/Vessel:					
	Medical/Other					
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9.	Medical fitness category :	Fit-No restriction	Fit-subjec	t to restrictions	Unfit	
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10.	Date of examination/Issue (DD/MM/YYYY)	<u> </u>			
11.	Date of expiry (DD/MM/YYY	Ύ)	″No more	e than 2 years from th	ne date of examir	ation"
		1 8 OCT 2022				۰ .
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	ead the contents of the certifica	te RAHMA		$\Delta \alpha$	V	
	e been informed of the right to	ATT:		DR. MD. AYUE	BUR RAHMAN	
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let	ma My 2014 Palle	Called State	-	10. Agrabad C	/A, Chillagong.	
na agus an seanna Real an seanna An Sa	Seafarer's Signature	MADS	2.9	Name & Signatur	e of the practition	er: