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

Form No:SMC



SL NO: 07-2021-0138

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: Name: Last MBIR First MOHAMMED Middle MOHOS IN Date of Birth: (DD/MM/YYYY) 01-05-1965 - | |
|--|-----|
| Date of Birth:(DD/MM/YYYY) | |
| Gender: (Male/Female) | |
| Nationality: 34 NGLA DESA Passport/NID No: 3N 02 S 14 9 3 | |
| CDC No | |
| Occupation: Deck/Engine/Catering/Other (specify) | |
| Father's/ Husband's name: "70 HBMMAD ALTAG ALT | |
| Mother's Name: REGUM ROBEYA - KHATON | |
| Mailing address: House No- 31 Street/Road No- 01 Locality/Village: BANOSREE HOUSING O BANOSREE 1219. RAMPORA- | |
| Locality/Village: 2347V03 RACE 47003/V0P 0 1357V03RACE 1247. NAVOIP | |
| P.S. RAMPURA. District DAMA. | |
| DECLADATION OF THE DECOCNITED MASPICAL PRACTITIONED | |
| DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: | |
| Lam duly authorized by the Department of Shinning Community of the Bould B. H. C. C. L. L. C. | |
| 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 | |
| | |
| 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 | |
| | |
| 10. Date of examination/Issue (DD/MM/YYYY) U. / F.E.B. 2021 | |
| 11. Date of expiry (DD/MM/YYYY) | |
| U 0 FEB 2025 | |
| Lhouse read the contents of the contification of the contification of the contents of the cont | |
| I have read the contents of the certificate and have been informed of the right to | |
| official Proview. DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) | |
| Taher Chamber 10, Agrabad C/A, Chittagong. | |
| TU, Agrabad CIA, Chillagong. | - 1 |