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

Form No:SMC



SL NO: 07-2021-1095.

## 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

| SE   | AFAI | First MOHAMMAD SARWAR  SARWAR  SHED First MOHAMMAD Middle  Of Birth: (DD/MM/YYYY)           |                    |  |
|--|------|---|--------------------|--|
| Na   | me:  | Elast De Anna Anna 01-08-1973   |                    |  |
| Date of Birth: (DD/MM/YYYY)  |      |   |                    |  |
| Gender: (Male/Female)  |      |   |                    |  |
| Nationality: 1377709 Passport/NID No: 4 V 0 7 6 7 8 8  |      |   |                    |  |
| CDC No   |      |   |                    |  |
| CDC No   |      |   |                    |  |
| Father's/ Husband's name: MANDE MANDE MANDE  |      |   |                    |  |
| Mother's Name: HOSNEARA BEGUM  |      |   |                    |  |
| Mailing address: House No- Street/Road No-   |      |   |                    |  |
| Locality/Village: POBUA. P.O. HADIFAKIR HAT  |      |   |                    |  |
| P.S  |      | MIRSORA! District CHATTOGR'SM,  | 3<br>10            |  |
|  |      |   |                    |  |
| DE   | CLA  | RATION 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;  |      |   |                    |  |
|  |      | Confirmation that identification documents were checked at the point of examination. YES/NO | ) ,                |  |
|  |      | Hearing meets the standards in section A-I/9: YES/NO  |                    |  |
|  |      | Unaided hearing satisfactory? YES/NO  |                    |  |
|  |      | 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 SEP 2021   |                    |  |
|  |      | 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 free from any medical condition likely to be aggravated by service at sea or to render the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer free free from any medical condition likely to be aggravated by service at sea or to render the seafarer free free free free free free fr |      |   | ender 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). 13 SEP 2021                                       |                    |  |
|  | 11.  | Date of expiry (DD/MM/YYYY)   | te of examination" |  |
| 0  |      |   |                    |  |
|  |      | AHMA  |                    |  |

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T. (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong.
Regn. No. A-11820
Name & Signature of the practitioner: