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

Form No:SMC



SLNO: 07 - 2023 - 1317

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

SEAFA	ARER INFORMATION:	* .					
Name	e: Last	irst MOHAMME	Middle.	NUR			
Date of Birth;(DD/MM/YYYY)							
Gender: (Måle/Female)MALE							
DANGIA DECILI							
Nationality: BANGCADES H1Passport/NID No: EGT. U. 6.7.00.4.9							
Occur	nation: Dack/Engine/Catering/Oth	or (specify)	ILER				
				· · · · · · · · · · · · · · · · · · ·			
10073 3.16/11							
Mother's Name: SENEWARA BEGUM Mailing address: House No- Street/Road No-							
		Street/Road	NO-	ALT AFFIRE			
	ty/Village: WEST. GOSHAILDAM BANDAR Distri	P.O. BAN	24/11 19.41/19 E.	US / UPF /CE			
P.S	BAN DANDistri	ct CHATTO	A/XA/1				
DEC! 4	A DATION OF THE DECOMPTED AND		_				
DECLA	ARATION OF THE RECOGNIZED MI	DICAL PRACTITIONE	R:				
1	laharak ada ada ada Bara						
	duly authorized by the Departmer	it of Shipping, Gover	nment of the Peop	le's Republic of Bang	gladesh and confirm	I	
	ollowings;	- O					
	Confirmation that identification			of examination: YES/I	NO		
2.	3 10 10 10 10 10 10 10 10 10 10 10 10 10						
3.							
4.	· Visual acuity meets standards in section A-I/9?: YE\$/NO						
5.			NO				
	Date of last colour vision test:						
6.							
7.							
	unfit for service or to render the health of any other persons on board?:						
	¥ÉS/NO						
8.							
	If YES, specify limitations or restrictions						
	Duties:						
	Location/Vessel:						
	Medical/Other			1			
	Wiedicaly Other			× ₆			
۵	Medical fitness category :	(N	D' 1		TT C.		
Э.	Medical fittless category:	it-No restriction	Fit-subject to	restrictions	Unfit		
10	10. Date of examination/Issue (DD/MM/YYYY 4SEP2023						
11. Date of expiry (DD/MM/YYYY)							
14,		7 3 SEP 1	.UZ3			*	
		AYUB					
I have read the contents of the certificate							
and na review.	and have been informed of the right to DR. M. AYUBUR RAHMAN M.B.B.S. P.G. I (Medicine)						
ieview.	Mudde	e stamp	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Taher Chan	nber -		
	Seafarer's Signature	Mich & Con		10. Agrabad C/A, C Regn. No. A	-11820		
	Seafarer's Signature	G.T. (N		Name & Signature of	r the practitioner:		