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

Form No:SMC

review.

Seafarer's Signature



SL NO: 07-2023-0935

Taher Chamber 10, Agrabad C/A, Chittagong, Regn. No. A-11820 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

SEA	FAR	ER INFORMATION:
Nai	me: L	ast HOSSAIN First MOKTER Middle -
Date of Birth:(DD/MM/YYYY)		
Nat	iona	lity: BANGLANESH, Passport/NID No. Et 63)0631
CD	C No.	7/33267 Seaman ID No: 0500/2062
Occ	cupat	lity: BANGLANESH! Passport/NID No: EF 63 70631 T/ 33267 Seaman ID No: DSOO/ 7062 tion: Deck/Engine/Catering/Other (specify) Of LER Husband's name: ABU TRAFR
Fat	her's	Husband's name: ABU TOHER.
Мо	ther'	's Name: SOFIABEGOM,
		V
Loc	ality	Address: House No- Street/Road No- /Village: KHONTA KATA P.O. KHONTA KATA
PS	SI	PRANKHOLA. District BAGERHAT.
1 .5	•••••	DISTINGUIS AND
DE	CLAR	ATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
l ar	n du	ly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
		owings;
	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
		Unaided hearing satisfactory?: YES/NO
		Visual acuity meets standards in section A-I/9?: YES/NO
		Colour vision meets standards in section A-I/9?: YES/NO
	٥.	Date of last colour vision test: 1 3 JUL 2023
	c	Fit for lookout duties?: YES/NO
	0. 7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer
	7.	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
		4.0 1111 2000
		Date of examination/Issue (DD/MM/YYYY)1.3JUL2023
	11.	Date of examination/Issue (DD/MM/YYYY)
		1 Z JOL ZUZJ
		RAHMA RAHMA
		ead the contents of the certificate be been informed of the right to DR. MD. AYUBUF RAHMAN
and have been informed of the right to DR. MD. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine)		