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

Form No:SMC



SLNO: 07 - 2022 - 1412

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	PANKA2	Middle	
Date of Birth:(DD/MM/YYYY)	10-1988		
Gender: (Male/Female)MALE	nort/NID No:		
Nationality: GAT 1072 A 7 Seama	n ID No:		
Gender: (Måle/Female)	er (specify)		
Father's/ Husband's name:		M	
Mailing address: House No-	Street/Road No-	IR HAT	
Mother's Name: LAX Mailing address: House No- Locality/Village: CHAR RAMI2 P.S. RAMGAT L. Distri	ct LAKSHMIPU	R	
DECLARATION OF THE RECOGNIZED M	EDICAL PRACTITIONER:		
I am duly authorized by the Departme	nt of Shinning, Governmen	t of the People's Republic of Bang	gladesh and confirm
I am duly authorized by the Department the followings;	it of Simpping,		NO
- c -+: that identification	n documents were checked	at the point of examination. 1237	5 E
Z. Hearing meets and satisfactory?	vFs/NO		
· · · · · · · · · · · · · · · · · · ·	in section A-1/3: 163/110		
Visual acuity meets standards Colour vision meets standards Date of last colour visi	In section A-1/3: \$123/110	ეე	
6. Fit for lookout duties?: YES/NO	on test: 1 6 AUG 20	LL	o render the seafarer
 Is the seafarer free from any r unfit for service or to render t 	nedical condition likely to be	e aggravated by service at sea or tooks on board?:	
unfit for service or to render to	ne nearth of any other pass	3.	
a Amy limitations or restrictions	on fitness?: YES/NO		
If YES, specify limitati	ons or restrictions		1
Duties: Location/Vessel:		a transfer	
Medical/Other			TI CI
.9. Medical fitness category :	Vit-No restriction	Fit-subject to restrictions	Unfit
10. Date of examination/Issue (D	DD/MM/YYYY)16AUG.	2022 "No more than 2 years from th	e date of examination"
11. Date of expiry (DD/MM/YYY	1 5 AUG 202	4 (
	N. AYUBUR		
til sents of the certificat	P O GO	2.11	TARABLE CALIFORNIA

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

Seafarer's Signature



DR. M. AYUBUR RAHMAN
M.B.S.; P.G.T (Medicine)
Taher Chamber
40, Agrabad C/A, Chittagong.
Name & Signature of the Bractitioner: