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 - 2024 - 0046

40. 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

SEAF	ARER INFORMATION:
	Last FARUK First MD · OMAR Middle
Date of Birth:(DD/MM/YYYY) 15-03-1987	
Gende	er: (Måle/Female) MALE
Natio	nality: BANGLADESHI PassKort/NID No. A 11711843
CDC N	10. C10/ 5108 Seaman ID No:
Occur	nality: RANGLADESHI Passbort/NID No: A 11711843 No. CO 5108 Seaman ID No: CHIEF OFFICER pation: Deck/Engine/Catering/Other (specify) CHIEF OFFICER
Fathe	r's/ Husband's name:MDABDUL HVQVE
	er's Name: SHIRIN AKTHER
	g address: House No- Street/Road No-
Localit	g address: House No- Street/Road No- y/Village: KAS HIPUR P.O. MOHESHGON J
P.S	SONALMUR 1 District NOAKHALI
	₩
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am d	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
the fo	llowings;
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?: VES/NO
	Date of last colour vision test:
6.	Fit for lookout duties?: WES/NO U 9 JAN 2024
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?:
	√ES/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: Vit-No restriction Fit-subject to restrictions Unfit
	2 and just to restrictions
10.	Date of examination/Issue (DD/MM/YYYY)
11.	Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"
1	0 8 JAN 2026
	ead the contents of the certificate
	e been informed of the right to DR. M. AYUBUR RAHMAN
eview.	Official M.B.B.S; P.G.T (Medicine) Taher Chamber

Stamp.