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

Form No:SMC



SLNO: 07- 2021-0752

DR. M. AYUBUR RAHMAN M B.B.S; P.G.T (Medicine) Taher Chamber

Agrabad C/A, Chittagong

Name & Signature of the Practitioner:

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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: |
|----------|--------------|
| | HACCA. |

| Name: Last | |
|--|---|
| Date of Birth:(DD/MM/YYYY) 30-11-1996 | |
| Gender: (Måle/Female) MALE | |
| Nationality: BAN GLADESHI Passport/NID No: EE 000 5908 | |
| Nationality:BAN GLADESHIPassport/NID No:EE 000 5908CDC No.T1 31492Seaman ID No:050007697 | |
| Occupation: Deck/Engine/Catering/Other (specify) | |
| Father's/Husband's name: | |
| Mother's Name: FATEMA BEGUM | |
| Mailing address: House No- Street/Road No- | |
| Locality/Village: RUKAAI P.O. AMBARIA P.S. MELANDHA District JAMALPUR | - |
| P.S. MELANDHA District JAMALPUR | |
| | |

DECLARATION 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;

- 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: 2 2 JUN 2021
- 6. Fit for lookout duties?: VES/NO
- 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 IC VEC

| | If YES, specify limitations | or restrictions | | | |
|-----|---------------------------------|-----------------|-----------------------------|------------------|----------|
| | Duties: | | | | · • |
| | Location/Vessel: | | | | |
| | Medical/Other | 5 | | | |
| | | No restriction | Fit-subject to restrictions | Unfit | |
| 10. | Date of examination/Issue (DD/M | M/YYYY)?.2.JU | <u>1 2021</u> | | |
| 11. | Date of expiry (DD/MM/YYYY) | | "No more than 2 years from | the date of exam | nination |
| | | 2 1 JUN 202 | 3 | | 4 |

| I have read the contents of the certificate |
|---|
| and have been informed of the right to |
| review. |
| Fordow Hossin |

Seafarer's Signature

