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

Form No:SMC



SL NO: 07 - 2022 - 1145

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

Name: Last SOHEL First IMRAN Middle Middle Date of Birth: (DD/MM/YYYY) 08-12-1991	
Name: Last SOHEL First 1984N Middle Middle	
Date of Birth:(DD/MM/YYYY)	
Nationality: BANGLADES HI Passport/NID No: BI 06122	
Nationality: BANGLADES HI Passport/NID No: BP 0612817 CDC No. T. 30711 Seaman ID No: CH. COOK Occupation: Deck/Engine/Catering/Other (specify) CH. COOK	
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/ Husband's name:MD.:ABDUS SALAM	
Mother's Name: ROKCANA RECOUM	
Mailing address: House No- Street/Road No-	
Locality/Village: SOUTH PATENGA PO MIDDLE PATENGA	
Mailing address: House No- Street/Road No- Locality/Village: SOUTH PATENGA P.O. MIDDLE PATENGA P.S. PATENGA District CHATTOGRAM	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and conf	irm
the followings:	
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 9 JUN 2022	
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seaf	arer
unfit for service or to render the health of any other persons on board?:	
¥ES/NO	
8. Any limitations or restrictions on fitness?: YES/NÖ	
If YES, specify limitations or restrictions	
Duties:	
Location/Vessel:	
Medical/Other	
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit	
10. Date of examination/Issue (DD/MM/YYYY) 2 9 JUN 2022 11. Date of examination/Issue (DD/MM/YYYY)	
11. Date of expiry (DD/MM/YYYY)	ion"
2 8 JUN 2024	
Z U JOH ZUZI	
M. AYUS	

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.B.S; P.G.T (Medicine)
Taher Chamber
10. Agrabad C/A, Chittagong.
Name & Signature of the practitioner: