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

Form No:SMC



SLNO: 07 - 2023 - 0980

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

Date of Birth; (DD/MM/YYY)	Name: Last AHAMMED First MD JAFAR Middle
Gender: (Måle/Female) MALE. Nationality BAN. SIABLES. H. Passport/NID No:	Date of Rirth:/DD/MM/VVVV\ 03-02 - 1997
Nationality. BANGLABES H. — Passport/NID No: CDC No	Gender: (Male/Female) MALE
CDC No	Notionality KANGIANECHI Day I AND N
Mailing address: House No- Locality/Village: SENE/R&M/L. P.O. KA 2.1 R. HAT. P.S. SONAGA 2.1. District FEN I 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 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: YES/NO Date of last colour vision test: 2 3 JUL 2023 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?: **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: **Weit-No restriction** 10. Date of examination/Issue (DD/MM/YYYY)	CDC No. T/ 31665 Seaman ID No:
Mailing address: House No- Locality/Village: SENE/R&M/L. P.O. KA 2.1 R. HAT. P.S. SONAGA 2.1. District FEN I 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 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: YES/NO Date of last colour vision test: 2 3 JUL 2023 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?: **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: **Weit-No restriction** 10. Date of examination/Issue (DD/MM/YYYY)	Occupation: Deck/Engine/Catering/Other (specify)
Monagadres: House No- Street/Road No- Locality/Village: SENE/RKHIL	Father's/ Husband's name: MD ARU VOUCLE
Mailing address: House No- Locality/Village: SENERKHIL PO. KA 21R HAT P.S. SONAG, A.2. District FENI 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-1/9: YES/NO 3. Unaided hearing satisfactory?: YES/NO 4. Visual acuity meets standards in section A-1/9: YES/NO 5. Colour vision meets standards in section A-1/9: YES/NO Date of last colour vision test: 6. Fit for lookout duties?: YES/NO 2. JUL 2023 7. Is the seafarer 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?: **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: Wit-No restriction Fit-subject to restrictions Unfit 10. Date of examination/Issue (DD/MM/YYYY). 3. JUL 2023 11. Date of expiry (DD/MM/YYYY). 3. JUL 2023 Thave read the contents of the certificate and have been informed of the right to review. **PORT MAYUBUR RAHMAN M.B.B.S. P.O. I Medicine) Inductions of the certificate and have been informed of the right to review. **PORT M. B.B.S. P.O. I Medicine) Inductions of the certificate and have been informed of the right to review.	
P.SSQNAGGAZI	Mailing address: House No- Street/Road No-
P.SSQNAGGAZI	Locality/Village: SENERKHIL P.O. KAZIR HAT
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review. A.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong, Regn. No. A-11820	
10. Agrabad C/A, Chittagong. Regn. No. A-11820	M.B.B.S; P.G.T (Medicine)
Regn. No. A-11820	
Name & Signature of the bractitioner:	Seafarer's Signature Regn. No. A-11820 Name & Signature of the practitioner: