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

Form No:SMC

and have been informed of the right to

Seafarer's Signature

review.



SLNO:07-2023-038

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

10, 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

SEAFAF	RER INFORMATION:				~		
Name:	LastUDDIN	First	MD	Middle	NASIR		
Name: Last							
Gender: (Male/Female)							
Nationa	lity: BANGLADES41	.Passbort/NID	No: 300	0070461			
CDC No	7/30335	eaman ID No:	05000	91687			
Occupa	tion: Deck/Engine/Catering	Other (specify	016	ERI			
Father'	tion: Deck/Engine/Catering/ s/ Husband's name:	MBLO	UTHFUR	RAHMAN			
	's Name:		KA BEG				
	address: House No-		treet/Road No				
	/Village: /SANAGA	R. D	0 #5	IMPARA.			
	KARNAFUL! [1 1		
		71361164	•••••••••••	/			
DECLAR	ATION OF THE RECOGNIZE	D MEDICAL PR	ACTITIONER:			•	
14		- 1012210/12111	•				
I am du	ly authorized by the Depart	ment of Shipp	ing. Governm	ent of the People's F	Republic of Banglade	sh and confirm	
the foll	owings;	7					
	Confirmation that identifica	ation documen	ts were check	ed at the point of exa	mination: YES/NO		
	Hearing meets the standard				ş ³ - 9		
	Unaided hearing satisfactor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	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						
6.	Fit for lookout duties?: YES/NO						
	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 restrictio	ns on fitness?:	YES/NOV	ş.			
	If YES, specify limita						
	Duties:						
	Location/Vessel:						
	Medical/Other					*	
			3	73. 10			
9.	Medical fitness category :	Fit-No rest	riction	Fit-subject to rest	trictions Un	fit	
		111-140 1051	Tiction	The subject to resi	Tictions on		
10. Date of examination/Issue (DD/MM/YYYY) 2.2 MAR 2023							
11 Date of expiry (DD/MM/VVVV) "No more than 2 years from the date of examination"							
		2 1	MAR 2025		,		
					- Carlo		
I have re	ad the contents of the certifica	ite	RAHMAN			- 41 14 4 A A	