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

Form No:SMC

review. Mohammand abdullan al mamun

Seafarer's Signature



SLNO: 07 - 2023 - 1319

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

SEAFARER INFORMATION:	
Name: Last A. MAMUN First MOHAMMAD Middle ABDULLAH	
Date of Birth:(DD/MM/YYYY)01 - 1994	
Gender: (Male/Female)MALE	
Nationality: BANG/ANECH/ Passnort/NID No. EF 0479337	
CDC No	
Occupation: Deck/Engine/Catering/Other (specify)	
VFather's/ Husband's name: MOHAMMAD ABU TAHER	
Mother's Name: NASIMA KHATUN	
Mailing address: House No- Street/Road No-	
Locality/Village: RAMPUR PO RAMONIA	
P.S. COMPANIGAND District NOAKHALL	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confir	m
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 Δ-I/92: VES/NO	
Date of last colour vision testo C orp 0000	
Date of last colour vision test 2 5 SEP 2023 6. Fit for lookout duties?:\(\forall \text{ES/NO}\)	
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafar	er
unfit for service or to render the health of any other persons on board?:	51
₩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: Fit-No restriction Fit-subject to restrictions Unfit	
The subject to restrictions	,
10. Date of examination/Issue (DD/MM/YYYY) 5 SEP 2023	1
11. Date of expiry (DD/MM/YYYY)	, "
2 4 SEP 2025	1
I have read the contents of the certificate	
and have been informed of the right to DR. M. AYUBUR RAHMAN	