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

Form No:SMC



SLNO: 07-2024-0604

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 ABEDIN First MOHAMMED | Middle | JOY MAL | |
|--|---------------|---------|--|
| Date of Birth:(DD/MM/YYYY) 01-01-1978 | | | |
| Gender: (Male/Female) | | | |
| Nationality: BANGLADESHI Passport/NID No: A13618779 | | | |
| CDC No. 7/29480 Seaman ID No: 050003740 | | | |
| Occupation: Deck/Engine/Catering/Other (specify) PUMPMAN | - | | |
| Wather's/Husband's name: MOHAMMED REAZUL HOU | QUE | | |
| Moher's Name: MOMENA BEGOM. | | ÷ | |
| Mailing address: House No- Street/Road No- | | | |
| Locality/Village: BANGHAPARA, P.O. CAXMIPUR | <u> </u> | | |
| P.S. DOYARA BAZAR, District SONAMGONJ | ', | | |
| | state at a la | | |

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?: YES/NO
 - Date of last colour vision test: 21 APR 2024
- 6. Fit for lookout duties?: YES/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?:
 YES/NO
- 8. Any limitations or restrictions on fitness?: YES/NO^L

If YES, specify limitations or restrictions

| | Duties: | | | |
|---|----------------------------|--------------------|-----------------------------|---------------------------------------|
| | Location/Vessel: | | | |
| | Medical/Other | | | e |
| | | | | |
| 0 | Medical fitness category : | Fit-No restriction | Fit-subject to restrictions | Unfit |
| | | | 0001 | . International content of the second |

10. Date of examination/Issue (DD/MM/YYYY)...2.1 APR 2024

| I have read the contents of the certificate | |
|---|--|
| and have been informed of the right to | |
| review. | |
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| | DR. MD. Ayubur Rahman | |
| | DR. MD. Ayubur (Medicine) M.B.B.S. P.G.T (Medicine) | |
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| | Taher Chambel, Taher Chambel, 10, Agrabad C/A, Chittagong 10, Agrabad C/A, No. A-11820 | |
| | 10, Agrabad C/A, Charles BMDC Reg. No. A-11820 BMDC Reg. No. A-11820 | |
| | BMDC Reg. NO. ED BY | |
| | AND AF Shipping | |
| | Govt. of Bangladeah | |
| | | |
| | Name & Signature of the practitioner: | |
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