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

Form No:SMC



SL NO: 07-2020-1458

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 MA ZOMBR First TANJIN Date of Birth: (DD/MM/YYY) 30-09-1990 Middle	
Name: Last. MA ZOMOCUC First. Middle	
Date of Birth: (DD/MM/YYYY) 30-07-1990	
AND	
Nationality BANGLADE Passnort/NID No. 6 90 39 9 8 1	
CDC NoSeaman ID No	
Schools (Husbandla normal ASI ALPLIN PO 492 MABER.	
Father S/ Husband's name:	
Mother's Name: SHIRIN ARTER	
Mailing address: House No- Street/Road No-	
Locality/Village: DLULINARA P.O. KAUSA TOL	
P.S. 40TDOLI District COMILLA	

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? MES/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 6 NOV 2020
- 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/NOV

	if fES, specify infina	tions of restrictions				
	Duties:	×		· ·		
	Location/Vessel:					
	Medical/Other					
	Medical fitness category :	Fit-No restriction		ect to restrictions	Unfit	
10.	Date of examination/Issue (dd/mm/yyyy). <mark>26</mark> NO	V. 2020			
	Date of expiry (DD/MM/YYY			re than 2 years from the	e date of examin	ation"
	and the contents of the certifica	to AHMAN	*		XXV/	8 8 - 2





