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

Form No: SMC

I have read the contents of the certificate

and have been informed of the right to

louhid

Seafarer's Signature

review.



SL NO.

94.2023.3091

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Particul Magnified Limited

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

Name: Last RAHMAN First MD TOUHIDUR Gender: (Male/Female)	Gender: (Male/Female)	Date: Rank: DECK CADET C.D.C No. C10110795 Seaman ID No. 050012629 Passport No. EG 0603413 NID No. 4653221756 Date of Birth: 10-AUG-1997
Occupation: DeckEngine/Catering/Other (specify). Father's/ Husbad'sname: MD ABDUR RAZAK. Mother's Name: SHAHIDA KHATUN Address: House No: Street/ Road No: Passport No. FG.0603413 Locality/VIIInge: KUSHADANGA PO: KUSHADANGA District: SATKHIRA DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and conthe followings: 1. Confirmation that identification documents were checked at the point of examination 2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? Date of last colour vision test 6. Fit for lookout duties? 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? C.D.C No. CID/10705 Seaman ID No. 0500 126 20 Passport No. FG.0603413 NID No. 4653 221757 Date of Birth: 10-AUG-1997 (DDI/MM/YYYY) Date of Birth: 10-AUG-1997 (DDI/MM/YYYY) ES/NO ES/NO ES/NO ES/NO ES/NO ES/NO ES/NO	Occupation: Deck/Engine/Catering/Other (specify). Father's/ Husbad'sname: MD ABDUR RAZZAK Mother's Name: SHAHIDA KHATUN Address: House No: Street/ Road No: Locality/Village: KUSHADANGA PO: KUSHADANGA PS: KALAROA	Rank: DECK CADET C.D.C No. C10/10795 Seaman ID No. 050012629 Passport No. EG 0603413 NID No. 4653221756 Date of Birth: 10-AUG-1997
Father's/ Husbad'sname: MD ABDUR PAZAK C.D.C.No. Clo/ 107 95 Mother's Name: SHAHIDA KHATUN Seaman ID No. 0500 126 20 Address: House No: Street/ Road No: Passport No. F G 0603 413 Locality/Village: KUSHADANGA PO: KUSHADANGA District: SATKHIRA DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and conthe followings: 1. Confirmation that identification documents were checked at the point of examination 2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? Date of last colour vision test 6. Fit for lookout duties? 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? **ES/NO** **ES/NO	Father's/ Husbad'sname: MD ABDUR RAZZAK Mother's Name: SHAHIDA KHATUN Address: House No: Street/ Road No: Locality/Village: KUSHADANGA PO: KUSHADANGA PS: KALAROA	C.D.C No. C10/10795 Seaman ID No. 0500 12629 Passport No. EG 0603413 NID No. 4653 221756 Date of Birth: 10-AUG-1997
Mother's Name: SHAHIDA KHATUN Seaman ID No. 0500 126 2 9 Address: House No: Street/ Road No: Passport No. F.G. 060.3413 Locality/Village: KUSHADANGA PO: KUSHADANGA District: SATKHIRA DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and conthe followings: 1. Confirmation that identification documents were checked at the point of examination 2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? Date of last colour vision test 6. Fit for lookout duties? 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** **	Mother's Name: SHAHIDA KHATUN Address: House No: Street/ Road No: Locality/Village: KUSHADANGA PO: KUSHADANGA PS: KALAROA	Seaman ID No. 0500 126 29 Passport No. EG 0603413 NID No. 4653 2217 57 Date of Birth: 10-AUG-1997
Address: House No: Street/ Road No: Passport No. F.G. 06.03 4.13 Locality/Village: KUSHADANGA P.O. KUSHADANGA District: SATKHIRA DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and conthe followings: 1. Confirmation that identification documents were checked at the point of examination 2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? Date of last colour vision test 6. Fit for lookout duties? 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?	Address: House No:Street/ Road No: Locality/Village: KVSHADANGA PO: KUSHADANGA PS: KALAROA	Passport No. FG 0603413 NID No. 4653 2217 57 Date of Birth: 10-AUG-1997
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Date of Birth: 10-Aug-1997 P.S. KALAROA (DD/MM/YYYY) District: SATKHIRA DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and corthe followings: 1. Confirmation that identification documents were checked at the point of examination 2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? Date of last colour vision test 6. Fit for lookout duties? 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?	PO: KUSHADANGA PS: KALAROA	Date of Birth: 10-AUG-1997
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	Duties: Location/Vessel: Medical/Other: RABICAL HOSPITAL LIMITED Unter: Unter: Dhaka, Bangladesh	
Location/Vessel: RABICAL HOSPITAL LIMITED	9. Medical fitness category : Fit-No restriction Fit-Subject	t to restrictions Unfit
Location/Vessel: Medical/Other: RABICAL HOSPITAL LIMITED Uttara. Dhaka, Bangladesh	10. Date of examination/(ssue (DD/MM/VVVV)	
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