## 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

review.

Mithil

Seafarer's Signature



SL NO.								 			
	0	4	. 1	2	0	2	3	4	7	5	7

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016

DG Shipp.ng Bangladesh Approved General Physician

Radical Hospitals 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

SEAFARER INFORMATION: Name: Last MITHIL	- MEHEDI	-	Hocs	ATN		
Name: Last	ANCCUT	Middle HOSSAIN  Date: 13/09/2023				
Occupation: Deck/Engine/Catering/Other						
Father's/ Husbad'sname: MD MoNJ		C.D.C No. C/0/9572				
Mother's Name: ANJUMAN SUL						
Address: House No:						
Locality/Village: KUMARBAG		NID No. 236 451 0608				
P.O. FAUSHA BAZAR	Date o	Date of Birth: 02/02/1996				
PS ARAIHAZAR		(DD/MM/YYYY)				
District: NARAYANGANJ						
I am duly authorized by the Department the followings:  1. Confirmation that identification does 2. Hearing meets the standards in second 3. Unaided hearing satisfactory?  4. Visual acuity meets standards in second 5. Colour vision meets standards in second 5. Colour vision meets standards in second 6. Fit for lookout duties?  7. Is the seafarer free from any meditation of the seafarer unfit for service second 5. Any limitations or restrictions on fittings.	cuments were checked ection A-I/9 section A-I/9? section A-I/9? In test ical condition likely to or to render the health thess?	d at the point of examina	ition e at sea or to	:YES/NO :YES/NO :YES/NO :YES/NO :YES/NO :YES/NO :YES/NO :YES/NO :YES/NO		
If YES, specify limitations or restricti	ons:					
Duties: Location/Vessel: Medical/Other:		L HOSPITAL LIMITED a, Dhaka, Bangladash				
9. Medical fitness category :	t-No restriction	Fit-Subject to restr	ictions	Unfit		
10. Date of examination/Issue (DD/MM  11. Date of expiry (DD/MM/YYYY)	13 SEP 20 12 SEP 2025	023 No more than 2 years fr	om the date of	fexamination".		
			Shill			