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

Form No:SMC

and have been informed

review.



SLNO: 07-2023-0812

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
Name: Last 1000 First API 3 Middle RASHED
Date of Birth:(DD/MM/YYYY)09-01-1976
Gender: (Male/Female)
Nationality: B.7N. GLADESHI. Passport/NID No. B00196176
CDC No C10/3424/ Seaman ID No: 050005436
Occupation: Deck/Engine/Catering/Other (specify)
*Father's/ Husband's name: SAGIR AHMED
Mother's Name: LAILA 13EGUM
Mailing address: House No- Street/Road No-
Locality/Village: BHOWANIPUR PO BHABANIPUR.
Mailing address; House No- Street/Road No-Locality/Village: BHOWANIPUR P.O. BHABANIPUR, P.S. LOHAGARA District CHATTOGRAM
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: 1 4 JUN 223
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
If YES, specify limitations or restrictions
Duties:
Location/Vessel:
Medical/Other
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
1 / HIN 2022
10. Date of examination/Issue (DD/MM/YYYY). 1 4 JUN 2023
11. Date of expiry (DD/MM/YYYY)
1 0 2014 6069
DAMA.
I have read the contents of the certificate