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

Form No:SMC



SLNO: 07-2022-14

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	INF	ORN	IAT	ION:	

Name: Last. CGOWDHURY'	First MOHAMM	ED Middle	EARHAD GUA	DER
Date of Birth;(DD/MM/YYYY)	08-06-1973	iviidale		
Gender: (Male/Female)	MALE.			
Nationality: BANGLA DESH	Passbort/NID No: EL	30361048		
CDC No. C(0/3856	Seaman ID No: 050	000220		
Occupation: Deck/Engine/Catering	/Other (specify).	OFFICER		URY.
Occupation: Deck/Engine/Catering Father's/ Husband's name: Mot	YAMMED RAFIG	OL QUADER	RCHOW	
Mother's Name: FA	TIMA BEBUM	/		
Mailing address: House No	Street/Road	No-	2 2 1 2	
Locality/Village: KHITAPE	HAR' P.O. KH	17AP CHA	R	
	District CHATTOE			

## DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department	of Shipping,	Government of th	e People's F	Republic of Banglades	sh 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: 2 4 AUG 2022
- 6. Fit for lookout duties?: YES/NO

Seafarer's Signature

- 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:		p. <sup>1</sup>			
	Location/Vessel:					
	Medical/Other					
	*					
9.	Medical fitness category :	Fit-No restriction	Fit-subject to r	estrictions	Unfit	
10.	Date of examination/Issue (I	DD/MM/YYYY) 24 AU	g 2022			
11.	Date of expiry (DD/MM/YYY	Y)	"No more than	2 years from the	e date of examina	tion"
	ad the contents of the certificate been informed of the right to	te Continue Control Continue Control Contro	Eulopane A	M.B.B.S	AYUBUR RAHMAN ; P.G.T (Medicine) her Chamber ad C/A, Chittagong.	: 