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

Form No:SMC



SL NO: 07-2022-1231

## **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

SEAFA	RER INFORMATION:
Name:	First MOHAMMED MIDDING MOHAMMED MIDDING MIDING MIDI
Date of	FBirth:(DD/MM/YYYY)
Gende	r: (Male/Female)
Nation	ality BANGLADESHI Passport/NID No. BOOY 9 6935
CDC No	(Male/Female)
Occupa	ition: Deck/Engine/Catering/Other (specify)
Father'	stion: Deck/Engine/Catering/Other (specify)
Mothe	r's Name: ATESHABEGUM'
Mailing	address: House No- Street/Road No-
Locality	address: House No- Street/Road No-  //Village: SOUTH HALISHAHAR P.O. SAIRORS ROLONY
P.S	BANDAR District CHATTOGRAM.
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am du	lly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
the foll	owings;
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: 8 1111 2022
6.	Date of last colour vision test: 8 JUL 2022 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
10.	Date of examination/Issue (DD/MM/YYYY) 1 8 JUL 2022
11.	Date of expiry (DD/MM/YYYY)
	The state of examination

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong,
Regn. No. A-11820
Name & Signature of the practitioner: