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

Form No:SMC



SL NO: 07-2022 - 2004

10, Agrabad C/A, Chittagong. 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:	-	0
Name: LastCHOWDHURY First. PIRANAB Middle		
Date of Birth;(DD/MM/YYYY)18-12-1981		
Gender: (Male/Female)MALE		
Nationality: <u>BANGILADESH1</u> Passport/NID No: BX 0 26 77 46		
CDC No		
CDC No		
Father's/Husband's name:		
Mother's Name: MANJU CHOWDHURY		
Mailing address: House No- Street/Road No-		
Locality/Village: KADHUR KHIL P.O. KADHUR KHIL		
P.S. BOALKHALI 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?: XES/NO
 - Date of last colour vision test: 2 DEC 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?: VYES/NO
- 8. Any limitations or restrictions on fitness?: YES/NO

	If YES, specify limit	ations or restrictions		1
	Duties:			
	Location/Vessel:			
	Medical/Other			
				· · ·
9.	Medical fitness category :	Fit-No restriction	Fit-subject to restrictions	Unfit
			0000	
10.	Date of examination/Issue	(DD/MM/YYYY)1.2.DEC.	2022	
11.	Date of expiry (DD/MM/YY	YY)	"No more than 2 years from t	he date of examination"
		1 1 DEC 202	4	
				N.
	ad the contents of the certific	A STORES		4
	e been informed of the right to	Official	DR. M. AYUBL	IR RAHMAN
review.	24-	Se Stand	M.B.B.S; P.G.	