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

Form No:SMC

Seafarer's Signature



SL NO: 07-2021-0249

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 GUPTA - First UJJAL Date of Birth: (DD/MM/YYYY) /2-08-1983 . Gender: (Male/Female) MALE . Nationality RAMALADESHI Postort/NID No. EB 063.5-32L	
Name: Last Middle Middle	
Date of Birth:(DD/MM/YYYY) /2 08 (783)	
Gender: (Måle/Female)	
Nationality.	
CDC No. 40/9959 Seaman ID No: 050002359	
Occupation: Deck/Engine/Catering/Other (specify)	
Occupation: Deck/Engine/Catering/Other (specify)	
Mother's Name: MINU SEN GUPTA.	
Mailing address: House No- Street/Road No-	
Locality/Village: POPADIA. P.O. KHARANDWIP.	
P.S. BOAL KHALI District CHIATTOGRAM.	
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;	į
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 7 FEB 2021	
,	
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	
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit	
10. Date of examination/Issue (DD/MM/YYYY)	
11. Date of evaluation/issue (DD/iviivi/1111)	
10. Date of examination/issue (DD/MM/YYYY)	
Cap.	
I have read the contents of the certificate and have been informed of the right to	
MRRS P.G.T (Medicine)	
Taher Chamber 10, Agrabad C/A, Chittagong.	
10, Agrabao C/A, 11820	