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

Form No:SMC

review.

Seafarer's Signature



SL NO: 07-20234007

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:
SEAFARER INFORMATION: Name: Last
Date of Rirth (DD/MM/VVVV)
Gender: (Male/Female)
Nationality: BANGLA DESHI Passport/NID No: A 00758/93. CDC No. Cl 0/9663 Seaman ID No: 05009766
CDC No Cl 0/9603 Seaman ID No: 050009766
Occupation: Deck/Engine/Catering/Other (specify) 47# ENGR.
Occupation: Deck/Engine/Catering/Other (specify)
Mother's Name: MOST SHARDA SHAMLA PARNIA
Mailing address: House No- Street/Road No-
Locality/Village: CHARAKGACHIA. PO PACHACORALA.
Mailing address: House No- Street/Road No- Locality/Village: CHBRAKGACHIA. P.O. PACHACORALIA. P.S. AMTALI District BARGONA.
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: 2 5 JUL 2023
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
Tit-subject to restrictions
10. Date of examination/Issue (DD/MM/YYYY)2.5JUL. 2023
11 Date of expiry (DD/MM/YYYY)
11. Date of expiry (DD/MM/YYYY)24JUL2025
I have read the contents of the certificate
and have been informed of the right to DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)