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

Form No:SMC



SLNO: 07-2023-0854

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 AMIN First MD. ABDULLAH Middle AL
Date of Birth:(DD/MM/YYYY) 22/11/1985
Gender: (Male/Female)
Gender: (Male/Female)
CDC No. C. (A) (4533
Occupation: Deck/Engine/Catering/Other (specify)
Father's/Husband's name: LAIGMD, AZIZUR RAHMAN PATWARY
Mother's Name: AISHA RAHMAN
Mother's Name: Mailing address: Locality/Village: AISHA RAHMAN House No-2448/2 Street/Road No- HAJI ASRAFALI ROAD P.O. PAHARTALI
Locality/Village:P.O. PAHARTAL1
P.S. DAHARTALI District CHITTAGONG

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 2 JUN 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			<i>n</i>
9.	Medical fitness category :	Fit-No restriction	Fit-subject to restrictions	Unfit
10.	Date of examination/Issue (DD/MM/YYYY) 22 JI	UN 2023	
				the date of examination'
		2 1 JUN 2025		
				EN-

I have read the contents of the cert	tificate			
and have been informed of the right to				
review.	1			
Aring				
	an internet			
Seafarer's Signature				



RAHMAN DR MD T (Medicine) Taher Chamher 10, Agrabad C/A, Chittagong * Name & Signature of the practitioner: