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

Form No:SMC



SLNO: 07-2023-0901

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 INFOR	MATION:		A.D		AL	
Name: Last	IAMUN	First	MD	Midd	leAL	
Date of Birth:(DD/	MM/YYYY) O.	6. 6.9. 00	1982			
Gender: (Male/Fe	male) MALE					
Gender: (Male/Fe Nationality:	GLADES HI	Passport/NI	DNO: EHC	05297	2	
CDC No COM	444 4	Seaman ID No	05000	3793		
Occupation: Deck	/Engine/Catering	/Other (speci	fy) CHIE	F ENGIN	EER	
Father's/ Husband	I's name: MD	ABUL 4	KASHEM			
						DAAD
Mailing address:	House No	276	Street/Road N	10- BALUCH	ARA TIGER	(alla)
Mother's Name: Mailing address: Locality/Village:	BAIZID BO	STAMI	P.O. CHI	TAGON G.	CANTONMEN	1 (920)
PS BAILID	BOSTAMI	District CH	ITAGONG	BAN GI	LADESH	

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/9:4ES/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?**ES/NO Date of last colour vision test: **0** 9 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
- 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

	I have read the contents of the certificate
	and have been informed of the right to
100	review.
	1.
	Seafarer's Signature



UBUK RAHMAN DR. MD. M.B.B.S: P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong Name & Signature of the practitioner: