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

Form No:SMC

review.

Seafarer's Signature



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:	
Name: Last 13LAM First MD Middle 5ATPUL	
Date of Birth:(DD/MM/YYYY) (13-05-1957)	
Gender: (Male/Female)A) E	
Nationality: BANALADESHIL Passport/NID No. A. D. S.	
CDC No C1010507 Seaman ID No: 050100895	
Occupation: Deck/Engine/Catering/Other (specify) FNSINE (4/E)	
Father's/ Husband's name: MD KAMPVZAMPN	
Mother's Name: SAKHINA ZAMAN	
Nailing address: House No- Street/Road No- Locality/Village: CHAPATILL P.O. SHEPPUR SADAR  D.S. SHEPPUR SADAR District SHERPUR	
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2.5District	
DECLADATION OF THE DECOGNIZED MEDICAL DRACTITIONED.	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
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: 0 7 MAY 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	
Triculady 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 examination/issue (DD/WW/)	
11. Date of expiry (DD/MM/YYYY)	
Lawrence of the contribute of the contribute	
have read the contents of the certificate	
and have been informed of the right to  OR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine)	
eview.	