

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

Form No:SMC



SLNO: 07-2023-0417

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 IS LAM First MUHAMMAD Middle SIRAJUL	
Date of Birth:(DD/MM/YYYY) 0.1/0.7/1 993	
Condow (MAY (Formula) MAY F	
Gender: (Male/Female)	
Nationality: BANGLADESHT. Passport/NID No: E.O. D. 88. 42.69.	
CDC No	
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/ Husband's name: MUHAMMAD RAFIBUL ALAM	
Mother's Name: BIBI SAKINA	
Mailing address: House No- Street/Road No-	
Locality/Village: KAZIRKHIL P.O KAZIRKHIL	
P.S. SENBAGH District NOA KHALI	
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 8 MAR 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	
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)	
10. Date of examination/issue (DD/MM/YYYY)	
11. Date of expiry (DD/MM/YYYY)	
I have read the contents of the contificate	
I have read the contents of the certificate	

and have been informed of the right to review.

Md- Singjul Islam Seafarer's Signature



DR. MD. AYUBUR M.B.B.S; P.G.T (Medicine) Taher Chamber 10. Agrabad C/A. Chittagong.
Regn. No. A-11820
Name & Signature of the practitioner: