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

Form No:SMC

Seafarer's Signature



SL NO: 07-2024-0236

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 SHABAB First. ZABIUL Middle ENAM Date of Birth: (DD/MM/YYYY) 4-68-1993 Gender: (Male/Female) //BLE	
Date of Birth (DD/MM/VVVV) 44-68-1993	
Gender: (Mala/Fomala)	
Gender: (Male/Female)	
CDC No CLOT 7192 Common Passport/NID NO	
Seaman ID No. DEW (3/0)	
CDC No. C10/7/92 Seaman ID No: 050067100 Occupation: Deck/Engine/Catering/Other (specify) DECK (.3/0) Father's/ Husband's name: SIMEMAMUL HAQUE.	
Mother's Name: MAKSUDA BEGUM.	
Mailing address: House No- Street/Road No- Locality/Village: SASTITOLA POSTOFFICE.	
Locality/Village: P.O. JESSONC	
P.S. KOTOVALI District JESSORE.	
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: 1 0 FEB 2024	
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	7
Tit-subject to restrictions Offit	
10. Date of examination/Issue (DD/MM/YYYY)1.0. FEB. 2024	
11. Date of expiry (DD/MM/YYYY)	
11. Date of expiry (DD/MM/YYYY)0"9"FEB" 2026""No more than 2 years from the date of examination"	
	\neg
have read the contents of the certificate	
and have been informed of the right to	
review A D M.B.B.S. P.G.T (Medicine)	
States 5 10. Agrabad C/A, Chittagong BMDC Reg. No. A-11820	