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

Form No:SMC



SL NO: 07 - 2024-0365

## **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:	Idla HOSSAIN
Name: Last	ldle
Date of Birth:(DD/MM/YYYY)	
Gender: (Male/Female)	
Nationality: BANGLADE SHI Passport/NID No: A04959721	
CDC No. 7/3/334 Seaman ID No: 050006532	
Occupation: Deck/Engine/Catering/Other (specify) <u>S M - / /</u> Father's/ Husband's name: MD BF TAB ODD eN	
Wather's/ Husband's name: MD AFTAB UDD eN	
Mother's Name: MOJIDA BCGUM,	
Mailing address: House No- Street/Road No-	
Locality/Village: NIYAMATPUR. P.O. SAIDPUR.	
Mailing address: House No- Street/Road No-Locality/Village: NITAMATPUR. P.O. SAIDPUR SADAR, District NILPHAMARI.	
The state of the s	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of the People's Reput	olic of Bangladesh and confirm
the followings;	
1. Confirmation that identification documents were checked at the point of examina	tion: 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 3 MAR 2024	
6. Fit for lookout duties?: YES/NO	
7. Is the seafarer free from any medical condition likely to be aggravated by service a	at sea or to render the seafarer
unfit for service or to render the health of any other persons on board?:	to remain the sector of
YES/NO	
8. Any limitations or restrictions on fitness?: YES/NO	
If YES, specify limitations or restrictions	
Duties:	· · · · · · · · · · · · · · · · · · ·
Location/Vessel:	
Medical/Other	E a
9. Medical fitness category: Fit-No restriction Fit-subject to restriction	IIn fit
9. Medical fitness category: Fit-No restriction Fit-subject to restriction	ons Unfit
10. Date of examination/Issue (DD/MM/YYYY)	
	from the date of examination"
U Z MAR ZUZO	from the date of examination
I have read the contents of the certificate	20
The same of the fight to	MD. Ayubur Rahman B.S. P.G.T (Medicine)
marian. • Ulliciae All Marian	Taher Chamber,
Stamps / Stamps	NO APPROVED BY
	DG Shipping Lovt. of Bangladesh
Name & S	Signature of the practitioner: