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

Form No:SMC



SL NO: 07-2023-0120

## 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:	1110,000
Name: Last	KHAYRUC
Date of Birth:(DD/MM/YYYY)	
Condor: (Mala/Eamala) MALC'	
Nationality: BANGLADESH' Passport/NID No: A06016061	
Nationality: BANGLADESH' Passport/NID No: A06016061 CDC No. 7/3239 Seaman ID No: 050010934	
Occupation: Deck/Engine/Catering/Other (specify)	
Wather's/Husband's name: MO SHOKUR ALI	
Mother's Name: KHADEZA BEGUM.	, 1 B 💼
Mailing address: House No- Street/Road No-	
Locality/Village: JOT NA SOR P.O. BALDHO	
P.S. GAATAIL District TANGAIL.	

## 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 5 JAN 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/NOV

Duties:				
Location/Vessel:		No. and the		
Medical/Other				2
an Sam				
Medical fitness category :	Fit-No restriction	Fit-subject t	o restrictions	Unfit

- 10. Date of examination/Issue (DD/MM/YYYY) 2 5 JAN 2023

I have read the contents of the cer	rtificate
and have been informed of the rig	ht to
review.	Č4
( Koun.	
Seafarer's Signature	



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