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

Form No:SMC

I have read the contents of the certificate and have been informed of the right to

Seafarer's Signature

review.



SL NO: 07 - 2023 - 0119

M.B.B.S; P.G.T (Medicine)
Taher Chamber

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

		Last MILON First MD Middle
		Birth:(DD/MM/YYYY)18-01-1997
C	-I - · ·	LANGE IN MALE
Nati	iona	ality: BANGLADESHI Passport/NID No. BY 0760859/ A 06431498
CDC	No	T/32681 Seaman ID No: 0500 11578
Occi	upa	tion: Deck/Engine/Catering/Other (specify)
		s/ Husband's name:M.DM.JAM UDDIN
		's Name: MARJINA BEGUM
		address: House No- Street/Road No-
Loca	ality	address: House No- Street/Road No- /Village: DIGOR P.O ZAHIDGANJ
P.S		GHATAIL District TANGAIL
DEC	LAF	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
l am	du	ly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
		owings;
		Confirmation that identification documents were checked at the point of examination: YES/NO
		Hearing meets the standards in section A-I/9: YES/NO
		Unaided hearing satisfactory?: YES/NO
		Visual acuity meets standards in section A-I/9?: YES/NO
1	5.	Colour vision meets standards in section A-I/9?: ¥ES/NO
	_	Date of last colour vision test: Fit for lookout duties?: vES/NO 2 5 JAN 2023
8.0		
	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?: VES/NO
	8.	Any limitations or restrictions on fitness?: YES/NO
	ο.	If YES, specify limitations or restrictions
		Duties:
		Location/Vessel:
		Medical/Other
		Triculculy out let
9	9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
	10.	Date of examination/Issue (DD/MM/YYYY)25JAN2023
	11.	Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"
		2 4 JAN 2025