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

Form No:SMC

review.

Seafarer's Signature



SLNO: 07-2022-0626

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

10, Agrabad C/A, Chittagong, Regn. No. A-11820 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

| SEAFARER INFORMATION: | |
|---|---|
| Name: Last MAMON First MD Middle MONTASIP Date of Birth: (DD/MM/YYYY) | |
| Date of Birth:(DD/MM/YYYY) | |
| Gender: (Male/Female) | |
| Nationality: BANGLADE SHPassport NID No. 1360 0 338173 | |
| CDC No COT 4535 Seaman ID No: 050000443 | |
| Occupation: Deck/Engine/Catering/Other (specify) | |
| Father's/Husband's name: MO. MOSHARAR LLOSCALOV. | |
| Mother's Name: BIBI LADALE ED | |
| Mailing address: House No- Street/Road No- | |
| Locality/Village: MUDLE RAMPURPO RAMPUR | |
| Mother's Name: Mailing address: House No- Locality/Village: M(N)) LG RAMPUR PO RAMPUR P.S. MALISHAHDO District CHATTOGOZAM. | |
| | |
| 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/MO | |
| 5. Colour vision meets standards in section A-I/9?: YES/NO | |
| Date of last colour vision test: 2 5 APR 2022 | |
| 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 | |
| The studgest to restrictions of the | |
| 10. Date of examination/Issue (DD/MM/YYYY) | |
| 11. Date of expiry (DD/MM/YYYY) "No more than 2 years from the date of exemination" | |
| 11. Date of expiry (DD/MM/YYYY) | |
| | _ |
| I have read the contents of the certificate | |
| and have been informed of the right to | |
| I have read the contents of the certificate | |