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

Form No:SMC



SL NO: 07 - 2023 - 1355

## 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: LastFARUQUE First. MOHAMMED Middle	OMAR
Date of Birth;(DD/MM/YYYY) 10-08-1987	0
Gender: (Male/Female)MALE	
Nationality: BANGLADESHI Passport/NID No: EG. 0.89677	
CDC NoT/ 34901 Seaman ID No: 0500014015	
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/Husband's name: FO.K.H.R.VL ALAM	19 19 19 19 19 19 19 19 19 19 19 19 19 1
Mother's Name: ROKEYA BEGUM	
Mailing address: House No- Street/Road No-	
Locality/Village: SOUTH PATENGA P.O. CHITTAGONG AIR	PORT - 4205
P.S. PATENGA District CHATTOGRAM	

## 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?: VES/NO
  - Date of last colour vision test: 3
- 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?:

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- YES/NO
- 8. Any limitations or restrictions on fitness?: YES/NO

		If YES, specify limitat	tions or restrictions			
		Duties:		5	-	]
		Location/Vessel:				
		Medical/Other			1	
		Medical fitness category :	Fit-No restriction		ect to restrictions Unfit	, , ,)
	10. Date of examination/Issue (DD/MM/YYY) 3.0CT.2023					
	11.	Date of expiry (DD/MM/YYY	Y)		re than 2 years from the date of exan	nination"
			0 2 OC	T 2025		
and		ad the contents of the certificat been informed of the right to Omor Fortuk Seafarer's Signature	e		DR. M. AYUBUR RAHMAN M.B.B.S; P.G. K (Medicine) Taher Chamber 10. Agrabad C/A, Chittagong. Name & Signature of the Gractitic	oner: