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

Form No:SMC

and have been informed of the right to

Seafarer's Signature

review.



SLNO: 07 - 2023 - 1167

DR. M. AYUBUR RAHMAN 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

SEAFARER INFORMATION:
Name: Last SAKIL First MOHAMMED Middle -
Date of Birth; (DD/MM/YYYY)01-01-1996
Gender: (Male/Female)MALE
Nationality: BANGLADESHI Passport/NID No. BP 0038592
Gender: (Måle/Female)
Occupation: Deck/Engine/Catering/Other (specify)
Father's/ Husband's name:MOHAMM ED ISLAM
Mother's Name: JOSNA BEGOUM
Mailing address: House No- Street/Road No-
Locality/Village: SUGARMILL ADARS HO. GRAN P.O. BETBUNIA
P.S. KAWKHALI District RANGAMATI
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 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
6. Fit for lookout duties?: YES/NO 2 8 AUG 2023
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
10. Date of examination/Issue (DD/MM/YYYY)8AUG2023
11. Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"
2 7 AUG 2025
I have read the contents of the certificate