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

Form No:SMC



SL NO: 07-2020 - 0912

## **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

SEAFA	RER INFORMATION:
Name:	RER INFORMATION:  Last UDDIN First NE2AM Middle  f Birth:(DD/MM/YYYY) 10 - 09 - 1982  r: (Male/Female) MALE  ality: BANGLADESHI Passport/NID No: BR 0246827  D. T/ 33127 Seaman ID No: SM - 111  ation: Deck/Engine/Catering/Other (specify) SM - 111
Date o	f Birth: (DD/MM/YYYY)
Gende	r: (Male/Female)MACE
Nation	ality: BANGLADESHI Passport/NID No: BR 0246827
CDC No	o7/ 33(27Seaman ID No:
Qccupa	ation: Deck/Engine/Catering/Other (specify)
Father	's/ Husband's name:MUNIR AHMED
Mothe	r's Name: TAHERA BEGUM
Mailing	g address: House No- Street/Road No-
Locality	y/Village: WEST LALANAGAR PO SHEKHER HAT
P.S	SITAKUNDA District CHATTOGRAM
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
the fol	lowings;
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
	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: 16 SEP 2020
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
10.	Date of examination/Issue (DD/MM/YYYY) 6 SEP 2020
11.	Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"
	1 5 SEP 2022

and have been informed of the right to

Seafarer's Signature

I have read the contents of the certificate

review.



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