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

Form No:SMC



SLNO: 07-2020-1411

## 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	- 1
Date of Birth:(DD/MM/YYYY)	
Gender: (Male/Female)	
Nationality BANGLASESHI Passport/NID No: BT CDC No. 7/32-85.6 Seaman ID No: 050011635	
Occupation: Deck/Engine/Catering/Other (specify)	in in the second
Father's Name: NURJAHAN BEBUM	
Mailing address: House No- Street/Road No- Locality/Village: Gouth RDILDUN_ P.O. SITAKONDA	
P.S. SITAKON AA 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?: YES/NO Date of last colour vision test: 2 1 NOV 2020 6. Fit for lookout duties?: YES/NO

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- 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/NOL

	itations or restrictions		
Duties:			
Location/Vessel:			
Medical/Other			
9. Medical fitness category	Fit-No restriction	Fit-subject to restrictions	Unfit
<b>.</b>		The subject to restrictions	
0. Date of examination/Issu	e (DD/MM/YYYY) <mark>21NO</mark>	<u>V 2020</u>	
1. Date of expiry (DD/MM/	(YYY)		he date of examinatio
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have been informed of the right	1 2001	DR MC	AYUBUR RAHMAN
	Officia	M.B.B.	S: P.G.T (Medicine)
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Sheil nasir	Sher Change		abad C/A, Chittago <b>ng.</b> gn. No. A-11820
Seafarer's Signature	* M.B.B		re of the practitioner: