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

Form No:SMC



SLNO: 07-2022-0611

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: LastKtl.AN	
Date of Birth: (DD/MM/YYYY)	
Gender: (Male/Female). MALE	
Nationality: BANGLADESHI Passport/NID No: BT0413890	
CDC No. C1017751 Seaman ID No: 050006245	
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/Husband's name: ABDUR ROUF KHAN-	
Mother's Name: MRS YEASMIN KHAN	
Mailing address: House No- Street/Road No-	
Locality/Village: TAN GAIL P.O. TANGLAIL	
P.S. TANGALL District TANGALL	

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 4 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 limitation	tions or restrictions	1 T.		
	Duties:			-	
	Location/Vessel:	- 6			5
	Medical/Other				
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9.	Medical fitness category :	Fit-No restriction	Fit-subject to restri	ctions Unfit	Ê 👘 👘
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10.	Date of examination/Issue (I	DD/MM/YYYY) <mark>2.4. AP</mark> I	<u>R 2022</u>		
11.	Date of expiry (DD/MM/YYY	Y)	"No more than 2 ye	ars from the date of	examination"
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	ad the contents of the contificat	A HMAN			

I have read the contents of the certificate	RAHMAN A	-M	۰.
and have been informed of the right to review.	Official 2	DR, MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine)	
Tanlind	Z Stamp	Taher Chamber \$0 , Agrabad C/A, Chittagong, Name & Signature of the practitioner:	
Seafarer's Signature	* M.B.B.S.	Name & Signature of the practitioner:	