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

Form No:SMC



SL NO: 07- 2023-0884

## **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. KAMR V 22AMAN First MD Middle
Date of Birth:(DD/MM/YYYY)20 - 10 - 1993
Gender: (Male/Female)
Gender: (Male/Female). MALE  Nationality: BANGLADESHI Passport/NID No: EA 0850894  CDC No. COI 8201 Seaman ID No: 05007342
CDC No
Occupation: Deck/Engine/Catering/Other (specify)
Father's/ Husband's name:M.DSALIM MIAH
Mother's Name: RAZIA BEGUM
Mailing address: House No- Street/Road No-
Locality/Village: BALASSOR P.O. SHIMRA
Mother's Name:  RAZIA BEGUM  Mailing address:  House No-  Street/Road No-  Locality/Village:  BALASSOR  P.O.  SHIMRA  P.S.KOTWALI MODEL  District  CUMILLA
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?: YÉS/NO  0 5 JUL 2023
6. Fit for lookout duties?: YES/NO U 5 JUL 2025
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/NÖ
If YES, specify limitations or restrictions
Duties:
Location/Vessel:
Medical/Other
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
10. Date of examination/Issue (DD/MM/YYYY) 5 JUL 2023
11. Date of expiry (DD/MM/YYYY)
U T JUL ZUZJ
I have read the contents of the certificate
and have been informed of the right to  DR. M. AYUBUR RAHMAN
review.  M.B.B.S; P.G.T (Medicine)
Taher Chamber  10, Agrabad C/A, Chittagong.
Seafarer's Signature Name & Signature of the practitioner: