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

Form No:SMC



SL NO: 07-2021-0643

## **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 RASEL First MD Middle -
Date of Birth:(DD/MM/YYYY)
Gender: (Male/Female) MALE
Gender: (Male/Female). MALE Nationality: BANGLADES HI Passport/NID No. BN 0977599
CDC No. BDS 1.740RB Seaman ID No:
Occupation: Deck/Engine/Catering/Other (specify)
Father's/ Husband's name:M.DYOUSUF BEPARY
4-2 .47/31.11 DC 010.1
Mailing address: House No- Street/Road No- Locality/Village: TORKY ISLAMPUR P.O VITI HOGILA
P.S.MUNSHIGANJ SADARDistrict MUNSHI GANJ
P.S.IT.V.W.SHIMBLING. SHIVE WILLIAM SHIVE SHIVE
DECLADATION OF THE DECOCNIZED MEDICAL PRACTITIONER
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?:\X'ES/NO
Date of last colour vision test: 0 3 JUN 2021
or the for took out dathest types from
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?:
XES/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
The subject to restrictions
10. Date of examination/Issue (DD/MM/YYYY) 3. JUN 2021
11. Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"
0 2 JUN 2023
0 Z JUN 2023
I have read the contents of the certificate
and have been informed of the violate
review.  M.B.S.; P.G. I (Medicine)
Water Chamber
Seafarer's Signature  10. Agrabad C/A, Chittagong.  Name & Signature of the gractitioner:
Traine & digitature of the practitioner.