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

Form No:SMC



SLNO: 07 - 2022 -0993

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

		Last HOSEN First MD. ABUL Middle ——
Name: Last Middle Middle Middle		
Date of Birth; (DD/MM/YYYY)		
Gender: (Male/Female)MALE		
Nationality: BANG-LADES HI Passport/NID No: EF 0594539 CDC No. T. 32419 Seaman ID No: FCW Occupation: Deck/Engine/Catering/Other (specify) FCW		
CDC No		
Occupation. Becky Engine, eatering, other (specify)		
Father's/ Husband's name: $MDAFILUDDIN$		
M	other	's Name: MOST - SALMA KHATUN
Ma	iling	address: House No- Street/Road No-
Lo	cality	Willage: SOUTH FINGRI PO FINGRI MADRASA
P.S	5.	ATKHIRA SADAR District SATKHIRA
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DE	CLAF	RATION 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
		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: 0 C IIIII 2002
	6.	Fit for lookout duties?: VES/NO 0 6 JUN 2022
	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?:
		√ES/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) 06JUN2022
	11	Date of expiry (DD/MM/YYYY)
		0 5 JUN 2024
		U J JUN ZUZT

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



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