

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

Form No:SMC



SL NO: 07-2023-1217

**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..... FAISAL..... First..... MOHAMMED..... Middle..... -  
Date of Birth:(DD/MM/YYYY)..... 30-08-1976  
Gender: (Male/Female)..... MALE  
Nationality: BANGLADESHI..... Passport/NID No:.....  
CDC No..... T/33075..... Seaman ID No:..... 050011846  
Occupation: Deck/Engine/Catering/Other (specify).....  
✓Father's/ Husband's name: MOHAMMED KAMAL  
Mother's Name: HOSNE ARA BEGUM  
Mailing address: House No- Street/Road No-  
Locality/Village: SOUTH HALISHAHAR P.O. SAILORS COLONY  
P.S..... EP2..... District..... CHATTOGRAM

**DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:**

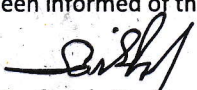
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings;

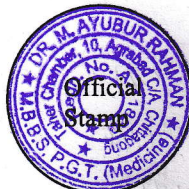
1. Confirmation that identification documents were checked at the point of examination: YES/NO ✓
2. Hearing meets the standards in section A-I/9: YES/NO
3. Unaided hearing satisfactory?: YES/NO ✓
4. Visual acuity meets standards in section A-I/9?: YES/NO ✓
5. Colour vision meets standards in section A-I/9?: YES/NO ✓  
Date of last colour vision test: 07 SEP 2023
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 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)..... 07 SEP 2023  
11. Date of expiry (DD/MM/YYYY)..... 06 SEP 2025 "No more than 2 years from the date of examination"

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.  
Reg. No. A-11820  
Name & Signature of the practitioner: