

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

Form No:SMC



SL NO: 07-2021-0271

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..... UDDIN First..... MOHAMMED Middle..... GLAS  
Date of Birth:(DD/MM/YYYY) 15-05-1990  
Gender: (Male/Female)..... MALE  
Nationality: BANGLADESHI Passport/NID No: BT 0333620  
CDC No..... Seaman ID No:.....  
Occupation: Deck/Engine/Catering/Other (specify).....  
✓ Father's/ Husband's name: ABDUR SOBAN  
Mother's Name: LATIFA KHATUN  
Mailing address: House No- Street/Road No-  
Locality/Village: RAJAPUR P.O. BOKTER MUNSHI  
P.S. SONAGAZI District: FENI

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: 03 MAR 2021
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) 03 MAR 2021
11. Date of expiry (DD/MM/YYYY)..... "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.

ISIRUN

Seafarer's Signature



DR. M. AYUBUR RAHMAN  
M.B.B.S; P.G.T (Medicine)  
Taher Chamber  
10, Agrabad C/A, Chittagong.  
Regn. No. A-11820

Name & Signature of the practitioner: