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

Form No:SMC

review.

Seafarer's Signature



SL NO: 07-2022-178,

M.B.B.S; P.G.T (Medicine)

Taher Chamber 10, Agrabad C/A, Chittagong.

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

## **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

SE	AFA	RER INFORMATION:
Na	me:	LastMiddleMiddle
Da	te of	Last KUNDU First DIP Middle —
_	2	
Na	tion	ality BANGLA DESHI Passport/NID No: EH 0670670
CD	C No	Clof 109 18 Seaman ID No: 0500 13322
Oc	cupa	(Mále/Female)
Fat	her'	s/ Husband's name: GOBINDA KUNDU
		's Name: SHUKLA KUNDU
		address: House No- Street/Road No-
Loc	ality	Willage: WEST GRARAK HOLARO MADHUKHALI
P.S	M	address: House No- Street/Road No-  //Village: WEST GARAK HOLA PO MAD HUK HAL!  ADHUKHALI District FARID PUR
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	foll	owings;
		Confirmation that identification documents were checked at the point of examination: YES/NO
		Hearing meets the standards in section A-I/9: YES/NO
		Unaided hearing satisfactory?: YES/NO
		Visual acuity meets standards in section A-I/9?: YES/NO
		Colour vision meets standards in section A-I/9?: YES/NO
		Date of last colour vision test: 3 0 OCT 2022
	6.	Fit for lookout duties?: YES/NO
		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
,		Tit-subject to restrictions
	10.	Date of examination/Issue (DD/MM/YYYY)3 0 OCT 2022
	11.	Date of expiry (DD/MM/YYYY)
		Date of expiry (DD/MM/YYYY)290CT2024"No more than 2 years from the date of examination"
I ha	ve re	ad the contents of the certificate
and have been informed of the right to DR. MD. AYUBUR RAHMAN		