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

Form No:SMC



SL NO: 07-2023-1694

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

SEAFA	RER INFORMATION:
Name:	RER INFORMATION: Last RUBEL First JAMAC Middle HOSSAIN f Birth:(DD/MM/YYYY) 12-03-1985.
Date of	f Birth: (DD/MM/YYYY)
Nation	ality BANGLADE St. Passport/NID No: 4618085171
CDC No	DSeaman ID No:
Occupa	ation: Deck/Engine/Catering/Other (specify)
Father'	s/ Husband's name: ************************************
Mothe	r's Name: NUR NAHAR BEGUM.
Mailing	gaddress: House No- Street/Road No-
Locality	//Village: RAZIR DAURI PO DAMPORA - 8000
P.S	gaddress: House No- Street/Road No- //Village: LAZIR BAUK P.O. DAMPORA - 8000. (OTD QUAL! District CHATTOGRAM)
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am du	lly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
	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
5.	Colour vision meets standards in section A-I/9?: YES/NO
	Date of last colour vision test: 0 8 DEC 2023
	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?:
6 1	YES/NO
8.	Any limitations or restrictions on fitness?: YES/NO
	If YES, specify limitations or restrictions
	Duties:
	Location/Vessel:
of the consequence of the conseq	Medical/Other
9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
	O. R. DEC 0000
	Date of examination/issue (DD/MM/YYYY)
11.	Date of expiry (DD/MM/YYYY)
	O I DEO FOED

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

Seafarer's Signature



DR. MD. AYUBUK 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: