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

Form No:SMC



SLNO: 07-2023-1692

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:	Last
Date o	f Birth:(DD/MM/YYYY)
Gende	r: (MaTe/Female)
Nation	ality: BANGLADESHI Passport/NID No: 3755646613.
CDC N	oSeaman ID No:
Occupa	ation: Deck/Engine/Catering/Other (specify)
Pather	
Mothe	r's Name: MRS, ANJUMAN ARA.
Mailing	g address: House No- Street/Road No-
Localit	gaddress: House No- Street/Road No- y/Village: HARINDARA, P.O. MUNSHIR CHAR - 2100 HELPUR SADAR District. SHERPOR.
P.S.	HELPUR SHERPUR,
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
l am du	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm lowings;
	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
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 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
4	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:
No. or	Medical/Other
9.	Medical fitness category : Fit-No restriction Fit-subject to restriction Unfit
10.	Date of examination/Issue (DD/MM/YYYY) 0 8 DEC 2023
	Date of expiry (DD/MM/YYYY)
	DANIA

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

Seafarer's Signature



DR. MD. AYUBUR RAHMAN
M.B.S. P.G.T (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong,
Regn. No. A-11820
Name & Signature of the practitioner: