

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

Form No:SMC



SL NO: 07-2023-1566

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 SHAKIL First MD Middle -
Date of Birth: (DD/MM/YYYY) 02-01-2001
Gender: (Male/Female) MALE
Nationality BANGLADESHI Passport/NID No: 7/33358
CDC No: 050012143 Seaman ID No: 03
Occupation: Deck/Engine/Catering/Other (specify) 03
Father's/ Husband's name: MD BABOL HOSSEN
Mother's Name: RINA BEGUM
Mailing address: House No- Street/Road No-
Locality/Village: KATRA P.O. CHANTARA
P.S. GHATAIL District TANGAIL

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: 12 NOV 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

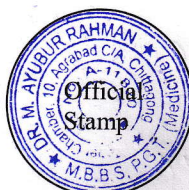
☐ Unfit

10. Date of examination/Issue (DD/MM/YYYY) 12 NOV 2023

11. Date of expiry (DD/MM/YYYY) 11 NOV 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.

Shakil
Seafarer's Signature



DR. MD. 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: