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: 07-2023-1634

M.B.B.S, P.G.T (Medicine)
Taher Chamber

10, Agrabad C/A, Chittagong. 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

SEAFARER INFORMATION:	
Name: Last ALBY First MOHAMMAD Middle MORSHED Date of Birth:(DD/MM/YYYY) グザーのダー1987・	
Date of Birth:(DD/MM/YYYY)	
Gender: (Male/Female)	
Nationality: Passport/NID No: 411941766	
CDC No	
Occupation: Deck/Engine/Catering/Other (specify)	
Gender: (Male/Female)	
Mother's Name:	
Mailing address: House No- Street/Road No-	
Mailing address: House No- Street/Road No-Locality/Village: MADHUPUR P.O. GOPSLPUR. P.S. BEGUMGANT District MORK 4021	
P.S. BEGUNGANT District NOAKHALI	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and co	nfirm
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: 2 7 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 se	afarer
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	
O. Madical Street	£ 70
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit	
10. Data of accordance (I (DD (A transport) 2.7. NOV 2022	- 7
10. Date of examination/Issue (DD/MM/YYYY)	
11. Date of expiry (DD/MM/YYYY)	ition"
E 0 1104 Loca	
I have read the contents of the certificate	
and have been informed of the right to	
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