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

Form No:SMC



SLNO: 07-2023-1629

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 Seaf Area Date of Birth:(DD/MM/YYYY)	WHAMHAD TORIQUL
Date of Birth:(DD/MM/YYYY) 28-0	09-1986
Gender: (Male/Female)	
Nationality Banges DE Stri Passport/N	IID No: 52 - 53 .
CDC NoSeaman ID No	D:
Occupation: Deck/Engine/Catering/Other (spec	ify) OS
Father's/ Husband's name: MatiaMa	IN SHAHAJAHAN DE WAN.
	14 BEGUM.
Mailing address: House No-	Street/Road No-
Locality/Village: LSLAM NAGAR	P.O
P.S. SINGALR District	MANIKGANJ

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:WES/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?:₩ES/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?:
 - •TES/NO
- 8. Any limitations or restrictions on fitness?: YES/NOV If YES, specify limitations or restrictions

D			
Duties:			
Location/Vessel:			
Medical/Other			
Medical fitness category :	Fit-No restriction	Fit-subject to restrictions	Unfit
0. Date of examination/Issue (27 NOV	/ 2022	J. L
J. Date of examination/issue (2023	
1 Data of avering (DD/MANA/MA)			

	I have read the contents of the certificate
	and have been informed of the right to
	review.
	Mornaul
ĺ	Scafarer's Signature



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