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

Form No:SMC

Seafarer's Signature



SL NO: 07-2023-0689

Taher Chamber

10, Agrabad C/A, Chittagong,
Regn. No. A-1820

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 RAMMAN First MUKHLESUR Middle M
Name: Last Middle Middle Middle
Date of Birth:(DD/MM/YYYY)28-02-1962
Gender: (Male/Female)
Nationality: BANGLADE SHI Passport/NID No: A00324966
Gender: (Male/Female)
Occupation: Dack/Engine/Catering/Other (specify)
Father's/ Husband's name: MD RAM JAN ALI -
Mother's Name: ANWARA BEGUM.
Mailing address: House No- Street/Road No-Locality/Village: MAGAISH P.O. MAGAISH
P.S. BRAHMAN PARA District CUMILLA -
T J. Marian Mari
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: 2 2 MAY 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
Wieulcaly Other
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
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10. Data of accompliant flavor (DD/MANA/0000) 2 2 MAY 2023
10. Date of examination/Issue (DD/MM/YYYY). 2 2 MAY 2023
10. Date of examination/Issue (DD/MM/YYYY)
Z 1 HW Book
RAHMA
I have read the contents of the certificate and have been informed of the right to
MR.R.S. P.G.T (Medicine)
review.