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

Form No:SMC

Seafarer's Signature



SL NO: 07-2024-0493

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 ARMANAN First TAPAN Middle Middle Gender: (Male/Female) MALE
Date of Birth:(DD/MM/YYYY)
Gender: (Male/Female)
Nationality BANGIADESHI Passport/NID No: A 00909369
CDC NoSeaman ID No:
Occupation: Deck/Engine/Catering/Other (specify)
Father's/ Husband's name:
CDC No
Mailing address: House No- Street/Road No-
Mailing address: House No- Street/Road No-Locality/Village: 30 A LONG P.O. AN WARA-P.S. HAV WARA. District CHATTOARBY.
P.S. HAV COVEY COVEY District CHEST TO COLORS
DECLARATION OF THE DECOCNIZED MEDICAL DRACTITIONER.
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: 1 2 MAR 2024
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
1 2 MAP 2024
10. Date of examination/Issue (DD/MM/YYYY)
11. Date of expiry (DD/MM/YYYY)1 MAR 2026 "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. M.B.B.S. P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong
Stamp BMDC Reg. No. A-11820