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

Form No:SMC

I have read the contents of the certificate and have been informed of the right to

Seafarer's Signature

review.



SLNO: 07-2023-1367.

DR. MD. AYUBUR RAHMAN 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: LastALAM, First. ZAHANGIR MiddleMiddle
Date of Birth:(DD/MM/YYYY)01-01-1970
Gender: (Male/Female)
Nationality: BANGLADES41 Passport/NID No. 402226281
CDC No 7/ 33325 Seaman ID No. 050012251
Occupation: Deck/Engine/Catering/Other (specify) F177602.
Name: Last
Mother's Name: PAKEJA KHATUN
Mailing address: House No- Street/Road No- Locality/Village: SOUTH HALI SHAHAR P.O. SAILORS COLONY,
P.S. EPZ District CHATTOGRAM
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: n g OCT 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
Fit-subject to restrictions Unit
10. Date of examination/Issue (DD/MM/YYYY) 0 9 OCT 2023
11. Date of expiry (DD/MM/YYYY)0.8.0CT 2025 No more than 2 years from the date of examination"
To file that 2 years from the date of examination