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

Form No:SMC

**SEAFARER INFORMATION:** 



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SL NO:					

## 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

Na	me:	Last HOSSAIN First ABU SHALE Middle CIAUL				
Da	te of	f Birth:(DD/MM/YYYY) 22/11/1979				
Ge	ndei	r: (Male/Female)MALE				
Na	tion	ality: BANGLADESHI Passport/NID No: 8258318529				
CD	C No	on Clos 4300 Seaman ID No: 05000 7367  ation: Deck/Engine/Catering/Other (specify) ENGINE CON ENGINE				
Oc	cupa	ation: Deck/Engine/Catering/Other (specify) ENGINE CON ENGINE				
Fat	her'	s/ Husband's name: ABDUL KADER NURUL HOSCAIN				
Mo	Mother's Name: SHAMIM ARA HOSSAIN					
Mailing address: 14/1 House No- NOOR 130X Street/Road No- NOOR 130X ROAD						
Loc	ality	//Village: BANGSHAL P.O. GPO				
		KOTWALI DIStrict DHAKA				
DE	CLAF	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:				
l aı	n du	ly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm				
the	foll	owings;				
	1.	Confirmation that identification documents were checked at the point of examination: (YES) NO				
		Hearing meets the standards in section A-I/9 (YES) NO				
		Unaided hearing satisfactory?:(YES/NO				
		Visual acuity meets standards in section A-I/9?: (YES) NO				
		Colour vision meets standards in section A-I/92 YES/NO				
		Date of last colour vision test: 2 0 SEP 2020				
	6.	Fit for lookout duties? (YES)NO Z U SEP ZUZU				
		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				
		Tit-subject to restrictions Unit				
	10.	Date of examination/Issue (DD/MM/YYYY)2.0SE.P2020.				
	11.	Date of expiry (DD/MM/YYYY)				
		Date of expiry (DD/MM/YYYY)"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.

Seafarer's Signature



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