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

Form No:SMC

and have been informed of the right to

Seafarer's Signature

review.



SLNO: 07-2022-0621

M.B.B.S. P.G.T (Medicine)
Taher Chamber

10, Agrabad C/A, Chittagong. Regn. No. A-11820 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

Name: Last Pland First Mash Middle Date of Birth: (DD/MM/YYYY)  Gender: (Male/Female) MALE  Nationality: DANG ADE SHI Passport/NID No: BW 60 9 38 9 3 / CDC No. 6 35 5 3 Seaman ID No: 0500 6 46 4 2  Occupation: Deck/Engine/Catering/Other (specify) CH 0F FIRE  Occupation: Deck/Engine/Catering/Other (specify) CH 0F FIRE  Mother's Husband's name: MD MATIAR RAHMAN,  Mother's Name: ASHURA BEGON,  Mailing address: House No- Street/Road No- Locality/Village: KHILLAAON PO KHILLGOAN  P.S. RAMPURA, District DHAMA	
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	n
the followings:	
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 5 APR 2022	
Date of last colour vision test: 2 5 APR 2022  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 seafare	er
unfit for service or to render the health of any other persons on board?: YES/NO	
Si vez AVEC /NICK	
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	
10. Date of examination/Issue (DD/MM/YYYY). 2.5 APR 2022	
10. Date of examination/issue (DD/MM) / 1111/	n"
11. Date of expiry (DD/MM/YYYY)	
I have read the contents of the certificate	
and have been informed of the right to	