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

Form No:SMC



SL NO: 07-2021-0027

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

		RER INFORMATION:
Na	me:	Last TALUKDER First MD. Middle NURUL AMIN
Date of Birth:(DD/MM/YYYY)25-04-1969		
Gender: (Male/Female)		
Nationality: BANGLADES HI Passport/NID No: EG 034 6642		
CDC No		
Nationality: (Male/Female)		
Father's/Husband's name: MDMIZANUR RAHMAN TALUKDER		
Mother's Name: ROKEYA BEGILM		
Mailing address: House No- Street/Road No-Locality/Village: UTRAIL P.O. PATITA PARA P.S. KALIHATI District TANGAIL		
Locality/Village: UTRAIL P.O PATITA PARA		
P.S		KALIHATI District TANGAIL
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;		
		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
	5.	Colour vision meets standards in section A-I/9?: YES/NO
		Date of last colour vision test: 1 0 JAN 2021
		Tit for lookout duties: v Es/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?:
		√XES/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
	123 400	4.0.1AN 2021
10. Date of examination/Issue (DD/MM/YYYY)		Date of examination/Issue (DD/MM/YYYY) UJANZUZ.I
	11.	Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"
		0 9 JAN 2023

and have been informed of the right to

Seafarer's Signature

I have read the contents of the certificate

review.



DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10. Agrabad C/A, Chittagong. Name & Signature of the practitioner: