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

Form No:SMC



SL NO: 07 - 2022 - 1660

## 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	÷	
Date of Birth:(DD/MM/YYYY) 03-02-2000		
Gender: (Male/Female)MALE		
Nationality: BANGLADESHI Passport/NID No:		
CDC No		
CDC No	•	
Wather's/ Husband's name: M.D. ACDVL LATIF		
Mother's Name: LAILA BEAGVM		
Mailing address: House No- Street/Road No-		
Locality/Village: SHALIABAHA P.O. PACHARATA		
P.S. GHATAIL 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;

- 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?: XES/NO

Date of last colour vision test: 0 2 DCT 2022

6. Fit for lookout duties?: ¥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?: VES/NO
- 8. Any limitations or restrictions on fitness?: YES/NO

	If YES, specify limit	ations or restrictions	а. н. н.			
	Duties:	1	a a			
	Location/Vessel:		<b>1</b> 24 1.12			
	Medical/Other			į.		
9.	Medical fitness category :	✓ it-No restriction	Fit-subject	to restrictions	Unfit	
				to restrictions		
10.	Date of examination/Issue	(DD/MM/YYYY)0.2.0(	1 2022			
	Date of expiry (DD/MM/YY			han 2 years from the	e date of exam	ination"
		0 1 OCT	2024	~		
I have re	ad the contents of the certific	ate	AYUBU	$\sim$	A.	,
	e been informed of the right to			DR. M. AYUB M.B.B.S, P.G.	UR RAHMAN	
review.	fart	B.B.S.S.		Taher Ct	hamber	
	Seafarer's Signature	C. C. M	edicina *	* Name & Signature	A-11820 of the practitio	ner: