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

Form No:SMC

Seafarer's Signature



SLNO: 07-2023-0505

*O. 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: Last RE2A First MD. HASAN Middle -	
Date of Birth; (DD/MM/YYYY)	
Contract to MALE	
Nationality BANGIADESHI Passport/NID No. EG 0840 525	
CDC No. T / 30790 Seamon ID No.	
Nationality: BANG(ADESH) Passport/NID No: EG 0840525 CDC No	
Father's/ Husband's name:M.D	
Mailing address: House No- Street/Road No-Locality/Village: BROKURA P.O. BARAKURA	
Locality/Village: DIQUIK VIXT P.O. BATTATIVINT	
P.S. KAMARKANDA District SIRAJGANJ	
DECLADATION OF THE DECOCNITED MEDICAL DRACTITIONED.	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
Landalla and anti-all backs Demokratics of Chinain a Community of the Demokratic of Demokratics and configuration	
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm	/11
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?: YEŠ/NO	
5. Colour vision meets standards in section A-I/9?: VES/NO	
Date of last colour vision test: 6. Fit for lookout duties?: YES/NO 1 3 APR 2023	
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?:	
v és/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: Vit-No restriction Fit-subject to restrictions Unfit	
The stage of the state of the s	
10. Date of examination/Issue (DD/MM/YYYY).13APR2023	
11. Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination	n"
1 2 APR 2025	
I L MIN LOSS	
I have read the contents of the certificate	
I have read the contents of the certificate and have been informed of the right to OR. M. AYUBUR RAHMAN M.B.B.S. P.G. T (Medicine)	