## 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.



SL NO: 07 - 2024 - 0438

## 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

SEAFA	RER INFORMATION:		
Name:		AHMADUR	
Gende	f Birth:(DD/MM/YYYY)		
Nation	ality: BANGLADES HI Passport/NID No. A 03843730		
CDC N	e (0) 5695 Seaman ID No: 050010286		
Occup	o		
Father	's/ Husband's name:MO.H.A.MMAO OLI AHMED	i e e e e e e e e e e e e e e e e e e e	
	r's Name: KHODAIJA KHATUN		
Mailin	g address: House No- Street/Road No-		
	y/Village: HAMJARBAG COLONY PO AMIN JUTE MILLS	<u></u>	
P.S	ANCHLAISH District CHATTOGRAM	,	
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:		
I am d	ıly authorized by the Department of Shipping, Government of the People's I	Republic of Bangladesh and confirn	1
	owings;		
	Confirmation that identification documents were checked at the point of exa	amination: 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?: VES/NO		
	Date of last colour vision test:	. (	
	Fit for lookout duties? YES/NO 1 2 MAR 2024		
7.	Is the seafarer free from any medical condition likely to be aggravated by sea	rvice at sea or to render the seafare	r
	unfit for service or to render the health of any other persons on board?:		
_	₩ES/NO		
8.	Any limitations or restrictions on fitness?: YES/NO		
	If YES, specify limitations or restrictions		
	Duties:		
	Location/Vessel:		
	Medical/Other		
0	Madical fitures estates To 1		
9.	Medical fitness category: Fit-No restriction   Fit-subject to rest	rictions Unfit	
10	Date of examination/Issue (DD/MM/YYYY)12MAR2024		20110
	THE TEN AND THE TE		,
	1 1 MAR 2026	years from the date of examination'	
	Neparime.		_
I have re	ad the contents of the certificate	XUL	

Official

Stamp

Name & Signature of the practitioner: