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

Form No:SMC



SL NO: 07 - 2024-0550

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

Mailing address: House No. 20 8 Street/Road No. 22 P. P.O. BANDARY D. P.O. BAN	SEAFARER INFORMATION:
Gender: (Male/female). Mationality: Mationa	Name: Last MAA WOOD First Middle Middle
Occupation: Deck/Engine/Catering/Other (specify). Mother's Name: JAHAN ARA BEGOM: Mailing address: House No. 308 Street/Road No. 02. District JARADEA D. P.O. BANDA D. P.O. BANDA D. P.O. District JARADEA D. P.O. BANDA D. P.O. BANDA D. P.O. District JARADEA D. P.O. BANDA D. P.O. BAN	Date of Birth:(DD/MM/YYYY)
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Mother's Name: House No. 308 Street/Road No. 02. Locality/Village: C.A. ARRIVA G. D. P.O. Barrier District 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-/9: YES/NO 3. Unaided hearing satisfactory?: YES/NO 4. Visual aculty meets standards in section A-/9?: YES/NO 5. Colour vision meets standards in section A-/9?: YES/NO Date of last colour vision test: 0.4 APR 2024 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 seafarer unfit for service or to render the health of any other persons on board?: YES/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 Tit-subject to restrictions Unfit 10. Date of examination/Issue (DD/MM/YYYY). 0.4 APR 2024 11. Date of expiry (DD/MM/YYYY). 0.3 APR 2026 12. APR 2026 No more than 2 years from the date of examination/" No more than 2 years from the date of examination/" No more than 2 years from the date of examination/" APR 2026 Official APR 2026 APR 2026	Occupation: Deck/Engine/Catering/Other/specify) MASTER.
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Mailing address: House No. 30 8 Street/Road No. 22 P.O. A. D.	Mother's Name: 11/12 AL ALA OF CECI NI
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?: YES/NO Date of last colour vision test: 0 4 APR 2024 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 seafarer unfit for service or to render the health of any other persons on board?: YES/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 10. Date of examination/Issue (DD/MM/YYYY)	Mailing address: House No- 308 Street/Road No- 02
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	DG Shipping
Seafarer's Signature Name & Signature of the practitioner:	