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

Form No:SMC



SLNO: 07-2020 - 1018

## **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

Name: Date of Gender Nations CDC No Occupa Father' Mother Mailing Locality	RER INFORMATION:  Last MOHAMMAD FAISAL First SOROWAR UDDIN Middle  F Birth: (DD/MM/YYYY) 01 - 09 - 1980  THE MALE  CARRELADESHI Passport/NID No: BJ 0002076  CLOI 4057 Seaman ID No: 05 0000183  Intion: Deck/Engine/Catering/Other (specify) MASTER  Sold Husband's name: MOHAMMAD ABUL MOHSEN  T'S Name: HOSNE ARA BEGIUM  THOUSE AND BOTH STREET  TO MOHAMMAD PUR 1207  ADABOR District DHAKA
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;	
2.	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: 3 0 SEP 2020
	Fit for lookout duties?: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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)30SEP. 2020
11.	Date of expiry (DD/MM/YYYY)
	Date of expiry (DD/MM/YYYY)

I have read the contents of the certificate and have been informed of the right to review.

Seararer's Signature



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