

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

Form No:SMC



SL NO: 07-2020-1199

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..... MIA ..... First..... MD ..... Middle..... RAKIB .....  
Date of Birth:(DD/MM/YYYY) 06-11-1995  
Gender: (Male/Female)..... MALE .....  
Nationality: BANGLADESHI ..... Passport/NID No.: BY 0345325 .....  
CDC No. T/ 31403 ..... Seaman ID No.: 050007125 .....  
Occupation: Deck/Engine/Catering/Other (specify)..... AB .....  
Father's/ Husband's name: M.D. ABDUR RAZAK BHUIYAN  
Mother's Name: NURJAHAN BEGUM  
Mailing address: House No- Street/Road No-  
Locality/Village: GABOR KALIYAN P.O. ATHARABARI  
P.S. ISHWARGANJ District MYMENSINGH

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?: YES/NO  
Date of last colour vision test: 20 OCT 2020
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) 20 OCT 2020 .....  
11. Date of expiry (DD/MM/YYYY)..... "No more than 2 years from the date of examination"

19 OCT 2022

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

Pauil  
Seafarer's Signature



DR. M. AYUBUR RAHMAN  
M.B.B.S; P.G.T (Medicine)  
Taher Chamber  
10, Agrabad C/A, Chittagong.  
Regn. No. A-11820

Name & Signature of the practitioner: