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

Form No: SMC

Seafarer's Signature



SL NO:								
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Dhaka

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

CEASADED INCODMATION							
SEAFARER INFORMATION:	. a	מומומה					
Name: Last	Middle	mair					
Date of Birth: (DD/MM/YYYY)	Gender: (Male/Female)						
Nationality:	Passport/NID No:	H16.2025.9.6					
CDC No							
Occupation: Deck/Engine/Catering/Other (specify)DECK	Rank	<i>B</i>					
Father's/ Husband's name: MID ABOUL HACIM Mother's Name: MST REBEKA WHATUN		w)					
Mailing address: House No: Street/Road	No:						
Locality/Village: PBDUC PUR P.O: #4	BOUL PUR_	***					
P.S: CACP of District:	NATORE						
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	V-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?							
5. Colour vision meets standards in section A-I/9?							
Date of last colour vision test : 0.5.0EC 2024							
6. Fit for lookout duties?	,	∵¥ES/NO					
7. Is the seafarer free from any medical condition likely to be aggrav	ated 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/NQ							
If YES, specify limitations or restrictions		.5 0.53					
No. 100 March 10							
Duties:							
Location/Vessel:							
Medical/Other							
		¬ — ¬					
9. Medical fitness category: Fit-No restriction Fit-Sub	ject to restrictions	Unfit					
10. Date of examination/(sque (DD/MM/VVVV) 0.5 DEC 2024	Ye						
10. Date of examination/issue (DD/iviivi/ 1111/	••						
11. Date of expiry (DD/MM/YYYY)	an 2 years from the da	ite of examination"					
E HEALTA		118					
I have read the contents of the certificate		Anwarul Haque					
and have been informed of the right to	Re	g. no. A27902					
review. Habiburs	Author Marin	ised by DOS (BD) e Health Care					