

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



Form Ntx SMC

SL NO: 01/2024/142

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 TALUKDER First RIFAT Middle: \_\_\_\_\_  
 Date of Birth: (DD/MM/YYYY) 01 DEC 2002  
 Gender: (Male/Female) MALE  
 Nationality: BANGLADESHI Passport/NID No: A08092891  
 CDC No: \_\_\_\_\_ Seaman ID No: \_\_\_\_\_  
 Occupation: Deck/Engine/Catering/Other (specify) D/CADET  
 Father's/ Husband's name: MD SHOHIDUL ISLAM  
 Mother's Name: LUTFOR NESA DOLNA  
 Mailing address: \_\_\_\_\_ House No \_\_\_\_\_ Street/Road No \_\_\_\_\_  
 Locality/Village: PILJONGO P.O PILJONGO - 9370  
 P.S. FAKIRHAT District BAGERHAT

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

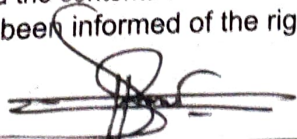
I am duly authorized by the Department of Shipping, Government of the people's Republic of Bangladesh and confirm the followings:

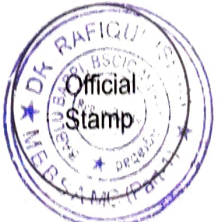
- Confirmation that identification documents were checked at the point of examination: YES/NO  YES
- Hearing meets the standards in section A-1/9: YES/NO  YES
- Unaided hearing satisfactory?: YES/NO  YES
- Visual acuity meets standards in section A-1/9?: YES/NO  YES
- Colour vision meets standards in section A- 1/8? YES/NO  YES  
Date of last colour vision test: 18 JAN 2024
- Fit for lookout duties?: YES/NO  YES
- 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  YES
- Any limitations or restrictions on fitness?: YES/NO  YES  
If YES, specify limitations or restrictions

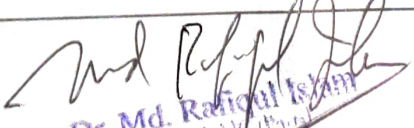
Duties: \_\_\_\_\_  
 Location/Vessel: \_\_\_\_\_  
 Medical/Other: \_\_\_\_\_

9. Medical fitness category:  Fit-No restriction  Fit-subject to restrictions  Unfit

10. Date of examination/Issue (DD/MM/YYYY) 18 JAN 2024  
 1. Date of expiry (DD/MM/YYYY) 17 JAN 2026 "No more than 2 years from the date of examination"

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




  
 Dr. Md. Rafiqul Islam  
 M.B.B.S. A.M.C. (M) (S)  
 Name & Signature of the practitioner:  
 Approved By: \_\_\_\_\_  
 Regd No: A 22370