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

Form Ntx SMC



SL NO: 01/2024/143

SEAFARER MEDICAL CERTIFCATE

This certificate is issued in accordance with Banglade and Ratings Training, Certification, Recruitment, W onvention on Standards of Training Certificate and V Maritime Labour Convention, 2006	vork Hours and W	atch keeping R	ules, 2011 in compliance with	the International
SEAFARER INFORMATION:			1	
Name: Last RAHMAN	First KAZI	*********	Middle: MUSHIKUK	
Date of Birth: (DD/MM/YYYY) 2.9-08-2	003			
Gender: (Male/Female) MALE				
Nationality: BANGLADESHI	Passport/NID No: B00760500			
CDC No:	Seaman ID No:			
Ocupation: Deck/Engine/Catering/Other (specify)	deck cai	DET		
Father's/ Husband's name: KAZI MUJI	BUR RAHI	MAN		
Mother's Name AFIA KHATUN				
Mailing address: Locality/Village: MAZIARA P.S. NABINAGIAR	House No		Street/Road No	
ACALITY AVILLAGE MAZLARA	POJIBA	NGANJ	BAZAR	
n - NABINAGAR	District BRF	HMANE	BARIA	
DECLARATION OF THE RECOGNIZED MEDICAL F I am duly authorized by the Department of Shipping,				
 Fit for lookout duties in Lowe Is the seafarer free from any medical condition unfit for service or to render the health of any YES/NO Any limitations or restrictions on fitness?:YES If YES, specify limitations or restrictions or restring and and and and and and and and and and	9: YES/NO /9?:YES/NO /8?YES/.NO 8 JAN 200 on likely to be ago other persons of S/NO	24 gravated by se		eafarer
Duties: Location/Vassel: Medical/Other				Unfit
9. Medical fitness category. Fit-No restriction	on		subject to restrictions	Offic
10. Date of examination/Issue (DD/MM/YYYY)	L	N 2024	lo more than 2 years from the	date of examination
1. Date of expiry (DD/MM/YYYY)	TIJA	N-LOLO		
I have read the contents of the certificate and have been informed of the right to review. Mushikurc	Official Stamp		Dr. M.C. Rafigal Stan M.B.B.S; A.M.C (Pa)(-1) Seafarer's Medical Productore Approved By D.G. Shipping, Dhak Approved By D.G. Signature of	