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

Form Ntx SMC



SLNO: 01/2024/162

## SEAFARER MEDICAL CERTIFCATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping (ficers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International onvention on Standards of Training Certificate and Watch keeping for Scafarers, 1978, as amended (STCW 78) and Regulation 1.2 of the Maritime Labour Convention, 2006:

SEAFARER INFORMATION
Name: Last 15 C AM First MD Middle: TAUF7 QUL  Date of Birth:(DD/MM/YYYY) 2 5-08-1994  Conday: (Male/Ferrale) MA(F
Date of Birth:(DD/MM/YYYY) 2 5 - 08 - 1999
CALCIDE (MIGIO), CHIRIO) XXXXII CON
Nationality BANGLADESAT Passport/NIDNO 05 000 60/6
CDC No: C/o/765/ Seamon ID No: Ap 3.957875  Ocupation: Deck/Engine/Catering/Other (specify) 2 of FriceR
Ocupation: Deck/Engine/Catering/Other (specify) 2 - 2 OFFICE/C
Fathers/ Husband's name Mi) LUTFOR RAHAMAN HOWLAGER
Mother's Name: JOTNAB BESUM
Mailing address: Street/Road No
Mailing address:  Locality/Village: BETHKATA PO VO JPATIA:  RACTO HAT
P.S. RAMPAL District BASER HAT
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 standars in section A-1/9: YES/NO  3. Unaided hearing satisfactory?: YES/NO  4. Visual acuity meets standards in section A-1/9?: YES/NO  5. Colour vision meets standards in section A-1/8?YES/NO  Date of last colour vision test:  2.1 JAN 2024  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 pender 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/Vassel: Medical/Other
Medical fitness category     Fit-No restriction     Fit-subject to restrictions     Unfit
10. Date of examination/Issue (DD/MM/YYYY)  1. Date of expiry (DD/MM/YYYY).  2 1 JAN 2024  2 0 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 Jackiaul Samo Amende of the right to