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

Form Ntx SMC

TOTALY



SL NO:01/2024 /255

Name & Signature of the practitioner:

SEAFARER MEDICAL CERTIFCATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping fficers 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 Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

Maritime Labour Convention, 2006	
SEAFARER INFORMATION:	
Name: Last OLiD	First MD SUZAD Middle: AHMED
Date of Birth:(DD/MM/YYYY) 10/08/1993	, Wilder , J.
Gender: (Male/Female) 1996	
Nationality: BAN SUADESHI	Passport/NID No: Ao 7874477
CDC No: C/0/8/55	Seaman ID No: 0500/05 23
Ocupation: Deck/Engine/Catering/Other (specify) 2	
Father's/ Husband's name: MD HM 21 S	HOFIQUE AHMEN
Mother's Name: MRS SHAMSUNNA	TAR SHIBO
Locality/Village: SouTH KALABARI	PO DOYAR BAZAR
Mailing address: Locality/Village: SOUTH KALABARI P.S. COMPAN(GON J	District SYLHET
DECLARATION OF THE RECOGNIZED MEDICAL PR	
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: 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/Vassel:	
9. Medical fitness category: Fit-No restriction	n Fit-subject to restrictions Unfit
10. Date of examination/Issue (DD/MM/YYYY) 1. Date of expiry (DD/MM/YYYY)	0.3 FEB 2024. 0.2 FEB 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	othicial who had been and the second