

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



SL NO: 01/2024/284

Form Ntx SMC

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 KHAN First MYIN Middle: UDDIN
Date of Birth:(DD/MM/YYYY) 23/09/1994
Gender: (Male/Female) MALE
Nationality: BANGLADESH Passport/NID No: A01760102
CDC No: C10/8811 Seaman ID No: 050607721
Occupation: Deck/Engine/Catering/Other (specify) 3rd OFFICER
Father's/ Husband's name: ABU HANIF KHAN
Mother's Name: AKLIMA KHATUN
Mailing address: _____ House No _____ Street/Road No _____
Locality/Village: BHOJ DATTA P.O. VABAN DATTA - 1970
P.S. GHA TAIL District TANGAIL

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 ✓
- Hearing meets the standards in section A-1/9: YES/NO ✓
- Unaided hearing satisfactory?: YES/NO ✓
- Visual acuity meets standards in section A-1/9?: YES/NO ✓
- Colour vision meets standards in section A- 1/8? YES/NO ✓
Date of last colour vision test: 10 FEB 2024
- Fit for lookout duties?: YES/NO ✓
- 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 ✓
- Any limitations or restrictions on fitness?: YES/NO ✓
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) 10 FEB 2024
1. Date of expiry (DD/MM/YYYY) 09 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 review.
MYIN UDDIN KHAN



Dr. Md. Rafiqul Islam
M.B.B.S., A.M.C. (Part-1)
Seafarer's Medical Practitioner
Name & Signature of the practitioner:
Appr. _____ Regd No. _____