

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

Form Ntx SMC



SL NO: 01/2024/332

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 MIA First MD Middle: SHAHEL
 Date of Birth:(DD/MM/YYYY) 16-04-1998
 Gender: (Male/Female) MALE
 Nationality: BANGLADESHI Passport/NID No: A19008523
 CDC No: T/33279 Seaman ID No: 050012744
 Occupation: Deck/Engine/Catering/Other (specify) F.C.W
 Father's/ Husband's name: MD JAKIR HOSSAIN
 Mother's Name: SURAIYA AKTHER
 Mailing address: _____ House No _____ Street/Road No _____
 Locality/Village: RAITOLA W-05 P.O. RAITOLA - 3463
 P.S. KASBA District BRAHMANBARIA.

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: 21 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) 21 FEB 2024

1. Date of expiry (DD/MM/YYYY) 20 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.
Sharf



Dr. Md. Rafiqul Islam
Name & Signature of the practitioner.