

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

Form Ntx SMC

SL NO: 01/2024/1142



SEAFARER MEDICAL CERTIFICATE

Scan me for verification report

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 AHSAN First MD Middle KAMRUL
Date of Birth: (DD/MM/YYYY) 01-11-1991
Gender: (Male/Female) MALE
Nationality: BANGLADESHI Passport/NID No: A006648174
CDC No: C10/7299 Seaman ID No: 150004969
Occupation: Deck/Engine/Catering/Other (specify) D/CADET
Father's/Husband's Name: MD ABDUL HAMID KHAN
Mother's Name: HAWA BEGUM
Mailing address: _____ House No. _____ Street/Road No. _____
Locality/Village: ULUBARIA PO. BETMAR NOTUN HAT
P.S. MOUTH BARIA District PIRUJUR

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 standards 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: 06 OCT 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 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/Vessel:
Medical/Other:

9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit

10. Date of examination/Issue (DD/MM/YYYY) 06 OCT 2024
11. Date of expiry (DD/MM/YYYY) 05 OCT 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.



Signature of the Practitioner:
Name & Signature of the Practitioner:
Dr. Md. Rafiqul Islam
B.S. A.M.C (Part-I)
Approved By: _____
Regd No: A 2254

