

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



Form Ntx SMC

SL NO: 01/2024/1153

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 SHAHADAT First MD Middle: KARIM
Date of Birth: (DD/MM/YYYY) 25-12-1996
Gender: (Male/Female) MALE
Nationality: BANGLADESH Passport/NID No: A02855182
CDC No: C/0/11912 Seaman ID No: _____
Occupation: Deck/Engine/Catering/Other (specify) DECK CADET
Father's/Husband's Name: MD NAZARUL ISLAM
Mother's Name: HASINA AKTER
Mailing address: _____ House No. _____ Street/Road No. _____
Locality/Village: KESHUA PO KESHUA
P.S. CHANDANASIT District CHATTOGRAM

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 YES
- Hearing meets the standards in section A-1/9: YES/NO YES
- Unaided hearing satisfactory?: YES/NO YES
- Visual acuity meets standards in section A-1/9?: YES/NO YES
- Colour vision meets standards in section A-1/8?: YES/NO YES
Date of last colour vision test: 07 OCT 2024
- Fit for lookout duties?: YES/NO YES
- 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 YES
- Any limitations or restrictions on fitness?: YES/NO YES

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) 07 OCT 2024

11. Date of expiry (DD/MM/YYYY) 06 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.
Sabat



Dr. Md. Rafiqul Islam
Name & Signature of the practitioner:
Seafarer's Medical Practitioner (Part-I)
Seafarer's Medical Practitioner (Part-I)

