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

Form No: SMC



SLNO.04.2024.6081

## 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:	9
Name: Last ALAM First KAZI	Middle KHAIRVL
Gender: (Male/Female). MALE Nationality: BANG LADE SHI	
Occupation: Deck/Engine/Catering/Other (specify) F.N6/INE	
Father's/ Husbad'sname: KAZI NURUL ALAM	
Mother's Name: NAZ MOON NAHAR	
Address: House No:	
Locality/Village: M€ THIKANDA	NID No. 5971653125
P.O: RAIPURA	Date of Birth: 14-07-1993
P.S: RAIPURA	(DD/MM/YYYY)
District: MARSINGDI	(BB/WWW 1711)
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  I am duly authorized by the Department of Shipping, Government of the F the followings:  1. Confirmation that identification documents were checked at the point of 2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? 5. Colour vision meets standards in section A-I/9? Date of last colour vision test 6. Fit for lookout duties? 7. Is the seafarer free from any medical condition likely to be aggravated by render the seafarer unfit for service or to render the health of any other per 8. Any limitations or restrictions on fitness?	examination :YES/NO :YES/NO :YES/NO :YES/NO :YES/NO :YES/NO :YES/NO 0.7 MAR 2024 :YES/NO
If YES, specify limitations or restrictions:	
Duties: Location/Vessel: RADICAL HOSPITAL LIMITED  Medical/Other: Unara, Dhaka, Bangladash	
	et to restrictions Unfit
10. Date of examination/Issue (DD/MM/YYYY)	years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

KaziKhainukla-Seafarer's Signature



DR. MIR. MD. RAIHAN
MBS (DU), DFM. COD (Birdem), PGT (Ophth)
MBS (DU), DFM. COD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited
Name & Signature of the practitioner: