

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



04/26092023

Form No : SMC

SL NO:.....

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 **KADER** First **MD** Middle **ABDUL**  
Date of Birth : (DD/MM/YYYY) **01-01-1988**  
Gender : (Male/Female) **MALE**  
Nationality : **BANGLADESHI** Passport/NID No: **A 00172075**  
CDC No. **T/30365** Seaman ID No: **050006194**  
Occupation : Deck/Engine/Catering/Other (specify) **FITTER**  
Father's/Husband's name : **MD. ABDUL JABBAR**  
Mother's Name : **PARVIN AKTER**  
Mailing address : ..... House No-..... Street / Road No-.....  
Locality/Village : **BHAISHER KOTE** P.O. **MOHANPUR**  
P.S. **DEBIDWAR** District **CUMILLA**

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 / 9 ?  YES / NO  
Date of last colour vision test : **26-09-2023**
- Fit for lookout duties ?  YES / NO
- Is the seafarer free from any medical condition likely to be aggravated by service at sea or the render the seafarer unfit for service or the 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) **26-09-2023**

11. Date of expiry (DD/MM/YYYY) **25-09-2025** "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.

Seafarer's Signature



**Dr. Paritosh Chakraborty**  
MBBS (CU), DMU (SUI), CCD (Bircem)  
CCD (Hear Foundat' Cr.  
BIMDC REC. No.- A10;  
Name & Signature of the Medical Practitioner:  
Approved by D.C. Swisher :