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

Form No:SMC

and have been informed of the right to

Seafarer's Signature

review.



SLNO: 07-2021-0791

DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong.

Name & Signature of the practitioner:

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

SEAFAF	RER INFORMATION:
Name:	RER INFORMATION: Last (60 A) First A 20 C Middle M
Date of	Birth:(DD/MM/YYYY)
Gender	: (Male/Female)
Nationa	ality (3 ANG UPD & SIT) Passport/NID No:
CDC No	77.332.76 Seaman ID No: 05001.2081
Occupa	: (Male/Female)
Father's	
	's Name: HANUFA BEQUM.
Mailing	address: House No- Street/Road No- /Village: GOGORA-XANDT P.O. SHERPUR PUR SADARDistrictSHERPUR
Locality	/Village: GOGORA-KANDI PO SHERPUR
P.S 9.	HARPUR SADARDISTRICT SHERPUR
DECLAR	ATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am du	ly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
the follo	
1.	Confirmation that identification documents were checked at the point of examination: YES/NO
	Hearing meets the standards in section A-I/9: YES/NO
	Unaided hearing satisfactory? YES/NO
	Visual acuity meets standards in section A-I/9?: YES/NO
	Colour vision meets standards in section A-I/9?: YES/NO
	Date of last colour vision test: 0 8 JUL 2021
6.	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
8.	Any limitations or restrictions on fitness?: YES/NO
	If YES, specify limitations or restrictions
	Duties:
	Location/Vessel:
	Medical/Other
	Triculadif Other
9	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
٥.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
10	Date of examination/Issue (DD/MM/YYYY) 0.8 JUL 2021
10.	Date of examination/issue (DD/MM/VVVV)
11.	Date of expiry (DD/MM/YYYY)
	- CAMPA
I have re	ad the contents of the certificate
Thave read the contentator the tertificate	

Stamp