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

Form No:SMC

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

Seafarer's Signature

review.



SLNO: 07-2020-1473

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

SEAFA	ARER INFORMATION:	ALI		MARTEKI	MAR	
	: Last	1761	Middl	e MORTEKI	Wiss .	
Date o	of Birth:(DD/MM/YYYY)	0-1972				
Gende	er: (Male/Female)	_				
Nation	nality: BONG LADE SHI Passpo	ort/NID No: 8 M	0093166			
CDC N	o	D No: 0500	10390			
Occup	ation: Deck/Engine/Catering/Other (	specify)	· ENGR.			
Father	r's/ Husband's name: MORS	HED ALC	KHAN.			
Motho	or's Nama: TAHA	N ARA B	EGUM.		0.0	
Mailin	g address: House No- 3 5	Street/Road I	NO-03.0R	NIZAM ROA	DRIA.	
Localit	cy/Village: DANE4L1S4.	P.O	PAR EHLISA	1.		
P.S	PANCHLISH District.	CHATTO	GRAM.	ži.		
DECLA	RATION OF THE RECOGNIZED MEDI	CAL PRACTITIONER	<b>:</b>			
l am d	uly authorized by the Department o	f Shipping, Govern	ment of the Pec	ple's Republic of Ba	angladesh and o	onfirm
	llowings;	g				
	Confirmation that identification do			: of examination: YES	S/NO	
	. Hearing meets the standards in section A-I/9: YES/NO					
	Unaided hearing satisfactory?: YES/NO					
4.	Visual acuity meets standards in section A-I/9?: YES/NO					
5.	Colour vision meets standards in section A-I/9?: YES/NO					
	Date of last colour vision test: $3 \cap \mathbb{N}   $					
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 re						eafarer
	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			7		
9.	Medical fitness category: Fit-1	No restriction	Fit-subject	to restrictions	Unfit	
		0.0				
10. Date of examination/Issue (DD/MM/YYYY)30\0.0\0\0.0\0\0.0\0\0.0\0\0.0\0\0.0\0\0.0\0\0.0\0\0.0\0\0.0\0\0.0\0\0.0\0\0.0\0\0.0\0\0.0\0\0.0\0\0.0\0\0\0.0\0\0.0\0\0.0\0\0\0.0\0\0\0.0\0\0\0\0.0\0\0\0\0.0\0.						
11.	. Date of expiry (DD/MM/YYYY)	0 NOV 0000	"No more t	han 2 years from the	e date of exami	nation"
	4	9 NUV 2022	, d 			
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