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

Form No:SMC

**SEAFARER INFORMATION:** 

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

Seafarer's Signature

review. \*



SL NO: 07-2023-1222

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

Name:	e: LastMiddleMiddle	75000
Date o	(2-62-149)	•
Gende	er: (Male/Female) MALE	
Nation	nality BANGLADESHI Passhort/NID No: -A02081067.	
CDC N	No C/0/346/ Seamon ID No: 05000425'	
Occup	nation: Deck/Engine/Catering/Other (specify) CH. OFF/ CER	
Eather	of Birth:(DD/MM/YYYY)  er: (Male/Female)	and the control of th
Motho	er's Name: ISRAT AMIN	
	er s realiter	
Localit	ity/Villago: SURALINA RIA DO CHAWK/3AFAR	
Mailing address: 108/A、House No- F- 4/A、 Street/Road No- 02 Locality/Village: SUGAMDA R/A P.O CHAWL BARAY P.S PANCH4/54 District CHATTOGRAY		
F.SZUlstrict		
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:		
DECEMBATION OF THE RECOGNIZED WEDICAL 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 example.	mination N/EC/NO
	Hearing meets the standards in section A-I/9: YES/NO	mination: 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	
5.	Date of last colour vision test: <b>0 9 SEP 2023</b>	
	CONTRACTOR OF THE WASHINGTON OF THE PROPERTY O	3
	Fit for lookout duties?: YES/NO	
7.	Is the seafarer free from any medical condition likely to be aggravated by serv	vice at sea or to render the seafarer
	unfit for service or to render the health of any other persons on board?:	
	YES/NO	
8.	7 7	
	If YES, specify limitations or restrictions	
	Duties:	
	Location/Vessel:	
	Medical/Other	1
		<i>i</i> .
9.	Medical fitness category: Fit-No restriction Fit-subject to restr	ictions Unfit
10. Date of examination/Issue (DD/MM/YYYY) 0 9 SEP 2023		
11. Date of expiry (DD/MM/YYYY)		