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

Form No:SMC

SEAFARER INFORMATION:

and have been informed of the right to

Seafarer's Signature

review. '



SL NO: 07-2023-1050

DR. MD. AYUBUR RAHMAN

M.B.B.S; P.G.T (Medicine)

Taher Chamber

10, Agrabad C/A, Chittagong.
Regn. No. A-11820

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:	Last Middle Middle
Date o	f Birth:(DD/MM/YYYY) 10-08-1987
Canda	r. (Mala/Famala) MAZZ:
Nation	ality: BANGLADESHI, Passport/NID No. BOOC 43589
CDC N	0 C/0/5084 Seaman ID No: 6500 67588
Occup	ation: Deck/Engine/Catering/Other (specify)
Father	ality: BANGLADESHI. Passport/NID No: BOOC43589 D. JOSOBH. Seaman ID No: 650067588 ation: Deck/Engine/Catering/Other (specify) CH, ENGR. Is/ Husband's name: HAFE2 PHMED.
Mothe	r's Name: HABIBUR NISA NASRIN
	1111010-1
Localit	g address: House No- Street/Road No- y/Village: LALIARHAT BARGMIRAS WAL FOTEABAD
PS #	ATHAZARI. District CHATTOGRAY.
1 1011111	District
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am di	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
the followings;	
1.	Confirmation that identification documents were checked at the point of examination: YES/NO
2.	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
6.	Date of last colour vision test: 0 6 AUG 2023 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:
The sky	Medical/Other
9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
	The subject to restrictions of the
10.	Date of examination/Issue (DD/MM/YYYY)Q. 6. AUG. 2023.
	Date of expiry (DD/MM/YYYY)
	U 3 AUG ZUZJ
I have read the contents of the certificate	