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: 07-2020-1937

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

SEAFAI	RER INFORMATION: MD. Naidle A 2 A O CA
Name:	
Date of	Firth:(DD/MM/YYYY) 01-01-1970 :: (Male/Female)
Gende	ality: BANGLADGEHI Passport/NID No. BOGGG370
CDC No	AUD 1911 Somman ID No.
Occupa	stion: Deck/Engine/Catering/Other (specify)
Father'	Seaman ID No: Se
Mothe	r's Name: DELWARA BEGUM,
Mailing	address: House No- Street/Road No-
Locality	address: House No- Street/Road No- //Village: FAMIRPOK P.O MAIZDEE COURT
P.S	SADAR District NOANHALI
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
	lly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
	owings;
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
5.	
_	Date of last colour vision test: 2 4 NOV 2020
	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 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
0.	If YES, specify limitations or restrictions
	Duties:
	Location/Vessel:
	Medical/Other
	Wicarcal, Other
9.	Medical fitness category : Fit-No restriction Fit-subject to restrictions Unfit
10.	Date of examination/Issue (DD/MM/YYYY). 2.4. NOV. 2020
11.	Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"