## 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

review.



SL NO: 07-2022-2019

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: Last BHUIYAN  First MOHAMMAD  Date of Birth: (DD/MM/YYYY)  Gender: (Male/Female)  Nationality: BANGLADESH/Passport/NID No: A02865534  CDC No. Lold 7265  Seaman ID No: 050069421  Occupation: Deck/Engine/Catering/Other (specify)  JR ETO	SEAFARER INFORMATION:
Gender: (Male/Female)	Name: Last BAULYAN First MOHAMMAD Middle JOHIR ALAM
Gender: (Male/Female)	Date of Birth:(DD/MM/YYYY) 31-12-1978
Occupation: Deck/Engine/Catering/Other (specify)  Father's/ Husband's name:  Mother's Name:  House No- Locality/Village: Mod. 154000.  District.  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  I am duly 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  Hearing meets the standards in section A-I/9: YES/NO  Junaided 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 testall 3 DEC 2022  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  9. Medical fitness category:  Fit-No restriction  Fit-subject to restrictions  Unfit  10. Date of examination/Issue (DD/MM/YYYY)	Gender: (Male/Female)
Occupation: Deck/Engine/Catering/Other (specify)  Father's/ Husband's name:  Mother's Name:  House No- Locality/Village: Mod. 154000.  District.  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  I am duly 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  Hearing meets the standards in section A-I/9: YES/NO  Junaided 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 testall 3 DEC 2022  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  9. Medical fitness category:  Fit-No restriction  Fit-subject to restrictions  Unfit  10. Date of examination/Issue (DD/MM/YYYY)	Nationality: BANGLA DESMI Pass Wort/NID No: A02865574
Occupation: Deck/Engine/Catering/Other (specify)  Father's/ Husband's name:  Mother's Name:  House No- Locality/Village: Mod. 154000.  District.  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  I am duly 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  Hearing meets the standards in section A-I/9: YES/NO  Junaided 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 testall 3 DEC 2022  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  9. Medical fitness category:  Fit-No restriction  Fit-subject to restrictions  Unfit  10. Date of examination/Issue (DD/MM/YYYY)	CDC No. 40/7265 Seaman ID No. 050069421
Wather's / Husband's name:  Mother's Name:  House No- Locality/Village: MOJ LISHOUR.  P.O.  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  I am duly 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  3. 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 DEC 2022  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 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  9. Medical fitness category:  Fit-No restriction  Fit-subject to restrictions  Unfit  10. Date of examination/issue (DD/MM/YYYY)  "No more than 2 years from the date of examination"	Occupation: Deck/Engine/Catering/Other (specify)  JR E TO
Mother's Name:  Mailing address: House No- Locality/Village: MOJ L/SHOUR. P.O. Street/Road No- P.S. PENI SADA District. PENI  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  I am duly 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 3. 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 DEC 2022 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 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  9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit  10. Date of examination/issue (DD/MM/YYYY) 1.8. DEC. 2022. "No more than 2 years from the date of examination"	Wather's Hushand's name: MD AMINUL HOQ
Mailing address: House No-Locality/Village: HOJ SHOUR P.O. Street/Road No-Locality/Village: HOJ SHOUR District.  DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:  I am duly 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 3. Unaided hearing satisfactory? YES/NO 4. Visual aculty 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 DEC 2022 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 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  9. Medical fitness category: Fit No restriction Fit-subject to restrictions Unfit  10. Date of examination/issue (DD/MM/YYYY) 1.3. DEC. 2022	
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