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: 07-2021-0217

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	RER INFORMATION: Last ALAM First MOHAMM AD MIDDLE MAHABUBUL
Name:	Last MIDD/MM/YYYY) 16-04-1979. Histh:(DD/MM/YYYY) 16-04-1979.
Date o	f Birth:(DD/MM/YYYY)6—07—1979
Gende	r: (Male/Female)
Nation	ality: BANGLADE 341 Passport/NID No. BLO7 27 33 2
CDC N	o. 0/8/3688 Seaman ID No: 00000332
Occupa	r: (Male/Female)
	's/ Husband's name: MAHAMMADSHAFIQ OLLA
	r's Name: SALEHA BEQUM,
Mailin	g address: House No- 17-8 Street/Road No- 62 y/Village: DBDUL MALEK SOLOBO SOUTH KHULSH(
Localit	y/Village: ABDUL MALCK SEEDO SOUTH KAULSA
P.S 🎉	HOLSHI District CHATTORRAM,
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
	lowings;
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.	Colour vision meets standards in section A-I/9?: YES/NO
,	Date of last colour vision test: 2 3 FEB 2021
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
	Any limitations or restrictions on fitness?: YES/NO
8.	•
	If YES, specify limitations or restrictions Duties:
	Location/Vessel:
	Medical/Other
	ivieuical/Other
9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
٦.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
10	Date of examination/Issue (DD/MM/YYYY)2.3F.E.B2021.
	Date of expiry (DD/MM/YYYY)

Official

Stamp