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

Seafarer's Signature

review.



SL NO: 07-2021-0964

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

	ER INFORMATION:	MD.	Middle	WAHID		
16-11-1499						
Date of Birth:(DD/MM/YYYY)						
Gender: (Male/Female)						
Date of Birth: (DD/MM/YYYY) Gender: (Male/Female)						
CDC No. 7/32 404 Seaman ID No: 0500 (1943						
CDC No						
Father's/ Husband's name:MDC. DE EAC 4055 FATO						
Mother's Name: 1957 196/40777 2						
Mailing address: House No- Street/Road No-Locality/Village: Schologe RA P.O. DANKA						
Locality/Village: Solet DARA P.O DANKA						
P.S. BAGATIPARA District NATORE						
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					
	Unaided hearing satisfactory?: YES/NO					
4.	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 test: 2 1 AUG 2021					
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					
R	Any limitations or restrictions on fitness?: YES/NO					
0.	If YES, specify limitations or restrictions					
	Duties:	on restrictions				
	Location/Vessel:					
	Medical/Other					
ivieuical Other						
					~ 7	
9.	Medical fitness category:	Fit-No restriction	Fit-subject to re	estrictions Un	nfit	
2 1 AUC 2021						
10.	0. Date of examination/Issue (DD/MM/YYYY)21AUG2021					
11. Date of expiry (DD/MM/YYYY)						
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I have read the contents of the certificate						