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: 07-2021-0970

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

SEAFA	RER INFORMATION:	449 Middle	FATLUL	
Date o	f Birth:(DD/MM/YYYY) 31-12-1978	*		
SEAFARER INFORMATION: Name: Last				
CDC No				
Occupation: Deck/Engine/Catering/Other (specify)				
Father's/Husband's name:				
Locality/Village: GOBAR KANDA PO GOBAR KANDA				
P.S. JAMALAUR District JAMALAUR				
DECLAS	DATION OF THE DECOMPTS AND			
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.	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.	5. Colour vision meets standards in section A-I/9?: YES/NO			
	Date of last colour vision test: 2 2 AUG 2021			
	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.	3. Any limitations or restrictions on fitness?: YES/NO			
	If YES, specify limitations or restrictions			
	Duties:			
	Location/Vessel:			
	Medical/Other	u		
9.	Medical fitness category : Fit-No restriction	Fit-subject to	restrictions	Unfit
10	Date of examination/Issue (DD/MM/YYYY)2.2A	IG 2021	8 8	
	Date of expire (DD/MAM/VVVV)		n 2 waars from the	data of ovamination"
11. Date of expiry (DD/MM/YYYY)				
				XI .
I have read the contents of the certificate				