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: 07-2022-2046

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:
Name:	RER INFORMATION: LastHOSSAIN FirstFirstMOHAMMED MiddleFEROZ F Birth: (DD/MM/YYYY) 30-09-1977
Date o	f Birth:(DD/MM/YYYY)30=09-1977
Gende	r: (Male/Female) MALE
Nation	ality: BANGLADE 911 Passport/NID No: A 0039 3553
CDC N	7/29901 Seaman ID No:
Occup	ation: Deck/Engine/Catering/Other (specify) SM-1.
Pather	s/ Husband's name: MOGAMMED PJAHORALI,
Mothe	r's Name: ROUSOWARA BEGUM.
Mailin	address: House No- Street/Road No-
Localit	//Village: RAGHUNTHPOR, PO PANGSHA.
P.S	r's Name: ROUSOWARA BEGUM, g address: House No- Street/Road No- g/Village: RAGHUNTHPUR, P.O. PANGSHA, DANGSHA District RAJBAR /
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am di	ly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
	owings;
	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: 1 g 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
	Tit-subject to restriction
10.	Date of examination/Issue (DD/MM/YYYY) 1 9 DEC 2022
	Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"
, =====================================	1 8 DEC 2024
€"	
I have re	ead the contents of the certificate