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

Seafarer's Signature

and have been informed of the right to

review.



SL NO: 07-2021-1191

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

SEAFAI	RER INFORMATION:	A.K.M	Nai dalla	11ZANUR		
Name:	Last	- 1071	Iviidale			
Date of	Birth:(DD/MM/YYYY)	777				
Gender: (Male/Female)						
Nation	ality: (3HNG CA DE 27111) Passpo	ort/NID No:	02345			
CDC No	Seaman I	D No:				
Occupa	ation: Deck/Engine/Catering/Other (specify)	- N 0 / .			
Father'	s/ Husband's name:	. AZHELL A				
	r's Name: Kuls	UM BEGU	N/ +			
Mailing	address: House No-	Street/Road I	No-			
Locality	//Village: TUSHKHALI	P.O	CHKHHC	********		
P.S	ATH VOBRIADistrict	PIROJPU	R			
, 4						
DECLA	RATION OF THE RECOGNIZED MEDI	CAL PRACTITIONER	!			
		2 5 5				
	ıly authorized by the Department o	f Shipping, Govern	ment of the People's I	Republic of Bangla	desh and confirm	
	lowings;					
1.	Confirmation that identification do	cuments were che	cked at the point of exa	amination: 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 se					
Date of last colour vision test: $0.4 \cdot 0.07 \cdot 2021$						
	6. Fit for lookout duties?: YES/NO					
7.	7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the sea					
unfit for service or to render the health of any other persons on board?:						
	YES/NO					
8.	Any limitations or restrictions on fi					
	If YES, specify limitations o	r restrictions	X			
	Duties:					
	Location/Vessel:					
	Medical/Other					
		<u></u>				
9.	Medical fitness category : Fit-	No restriction	Fit-subject to res	trictions	Unfit	
		0 / 001	2021			
10	10. Date of examination/Issue (DD/MM/YYYY) 4 UC 2021					
11	11. Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"					
		0 3 OCT 2023				
		** · · · · · · · · · · · · · · · · · ·	S2 2		X	

Official

Stamp