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.



SL NO: 07-2021-0637

DR. M. 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

SEAFARER INFORMATION:	
Name: Last	
Date of Birth:(DD/MM/YYYY)	
Gender: (Male/Female)MALE	
Gender: (Male/Female)	
CDC No	
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/ Husband's name:MD:SHAMSUL ISLAM	
Mother's Name: MRS · REBA BEGUM	
Mailing address: House No- Street/Road No-	
Locality/Village: RASULPUR P.O. MITHAPUKUR	
Mailing address: House No- Street/Road No- Locality/Village: RASULPUR PO MITHAPUKUR P.S. MITHAPUKUR District RANGPVR	
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	n
the followings;	
 Confirmation that identification documents were checked at the point of examination: YES/NO Hearing meets the standards in section A-I/9: YES/NO 	
3. Unaided hearing satisfactory?: YES/NO	
4. Visual acuity meets standards in section A-I/9?: YEŠ/NO	
5. Colour vision meets standards in section A-I/9?:*\ES/NO	
Date of last colour vision test: 6. Fit for lookout duties?: O 2 JUN 2021	
6. Fit for lookout duties?: YES/NO UZ JUN ZUZ I	
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafare unfit for service or to render the health of any other persons on board?:	. [
✓ES/NO	
8. Any limitations or restrictions on fitness?: YES/NO	
If YES, specify limitations or restrictions	
Duties:	
Location/Vessel:	
Medical/Other	
Wediculy Other	
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit	
Tit subject to restrictions	
10. Date of examination/Issue (DD/MM/YYY) 2 JUN 2021	
11. Date of expiry (DD/MM/YYYY)	"
0 1 JUN 2023	
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