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: ____

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	ARER INFORMATION:	MOLDANME	λ	ALI		
Name:	: Last First	JOHNOW ICS	Middle			
Date o	: Last	-1981				
Gende	er: (Male/Female)		•			
Nation	nality:	NID No: BR.O	993536			9
CDC No	loSeaman ID I pation: Deck/Engine/Catering/Other (spe	Vo:				
Occupa	pation: Deck/Engine/Catering/Other (spe	ecify) a/F17	TER			
Father	r's/ Husband's name: ニスタムとH	AHAMED	•			
Mothe	er's Name: HAFIZA	WHATON	₹,			
Mailing	g address: House No-	Street/Road No				
Locality	ty/Village: Scotlyth AATENBA	P.O	IRPORT.	*****		
P.S	er's Name: HA-F12 A- ig address: House No- ty/Village: Scruzh, AA-TENBA DA-TENBADistrict	CHATTOU	RAM,			
DECLA	RATION OF THE RECOGNIZED MEDICA	L PRACTITIONER:				
70	w 8					
	uly authorized by the Department of S	hipping, Governm	ent of the People's Re	public of Bangl	adesh and con	firm
	llowings;	e				
1.	Confirmation that identification docu	ments were checke	ed at the point of exam	ination: YES/N	0	
2.	Hearing meets the standards in section A-I/9: YES/NO					
4.	Visual acuity meets standards in section A-I/9?: YES/NO					
5.	The contract of the contract o					
	Date of last colour vision test: 1 3 FEB 2021					
6.	Fit for lookout duties?: YES/NO					
7.	,					
	unfit for service or to render the health of any other persons on board?:					
	YES/NO					
8.	The state of the s					
	If YES, specify limitations or re	estrictions				
	Duties:				1.0	
	Location/Vessel:		*			
	Medical/Other				×	
		1				
9.	Medical fitness category : Fit-No	restriction	Fit-subject to restri	ctions	Unfit	
		11 CCD	0001			
10.	Date of examination/Issue (DD/MM/Y	AAA)**********************************	Z UZ-1			
11. Date of expiry (DD/MM/YYYY)						
	12		- Co			
					A)	

Official

Stamp