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.



SLNO: 07-2023-0262

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:	LastALAM	First MOHAMME	Middle SHAF10 748810 12324) C	
Date o	of Birth:(DD/MM/YYYY)	01-03-1968			
Gende	r: (Male/Female)	IALE			
Nation	nality: BANGLADESHI	Passport/NID No: EFC	748810		
CDC N	0 7/33450 Se	eaman ID No: 6500	12324		
Occup	ation: Deck/Engine/Catering/	Other (specify)016E	R		
Father	"s/ Husband's name:	WOOK VACES			
Mothe	er's Name:	PAREBA KHAT			
Mailin	g address: House No- y/Village: SCZ TH LIALIS 	Street/Road No	0-		
Localit	y/Village: SCS TH HAL/S	HAHBICPO 3A	ILORS COCO~Y.		
P.S	<i>EP2</i>	istrict. CHATTO	RAM.		
DECLA	RATION OF THE RECOGNIZED	MEDICAL PRACTITIONER:		•	
		ment of Shipping, Governn	nent of the People's Republic of E	langladesh and confirm	
	llowings;				
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				
3.	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 3 FEB 2023					
	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	5: 2 VES /NOV			
8.	8. Any limitations or restrictions on fitness?: YES/NO If YES, specify limitations or restrictions				
		itions or restrictions	×		
	Duties:				
	Location/Vessel:		The second secon	,	
	Medical/Other				
	NA adiaal fituasa aataaaa	Triver di di		I In Ca	
9.	Medical fitness category:	Fit-No restriction	Fit-subject to restrictions	Unfit	
10	Date of examination /leave /	DD/MM/VVVV 23 FEB	2023		
11	10. Date of examination/Issue (DD/MM/YYYY)				
11	. Date of expiry (DD/MINI/YY)	''2 2 FEB 2025	No more than 2 years nom t	ne date of examination	