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: 07-2022-1452

DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine)

M.B.B.S. P.G.1 (mediants)
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

SEAFARER INFORMATION:	First SHAIKH	Middle FAA	V1 M30	
Name: Last	01-02-1977	Middle		
Date of Directing	01-02 1111			
	ALE BIOG	550739		
	Passport/NID No:			
CDC No	aman ID No:	2440 2		
Occupation: Deck/Engine/Catering/	Other (specify)	NGK.		
Father's / Husband's name:	SK NORUL 13-11	i M		
Mother's Name:	SELINA ISLAM			
Mailing address: House No-	52/D Street/Road No	-		
Locality/Village: AZIMPURC	OLONY PO MIK	PUR		
PS SHAHALI D	istrict DHANA,			
DECLARATION OF THE RECOGNIZED	MEDICAL PRACTITIONER:			
I am duly authorized by the Depart	ment of Shipping, Governm	ent of the People's Repub	ilic of Bangladesh ar	nd confirm
the followings:				
1. Confirmation that identifica	ation documents were check	ed at the point of examina	tion: YES/NO	
2. Hearing meets the standard	ds in section A-I/9: YES/NO			
3. Unaided hearing satisfactor	v?:YES/NO			
4. Visual acuity meets standar	ds in section A-I/9?: YES/NO			
5. Colour vision meets standa	rds in section A-I/9?: YES/NC			
Date of last colour	vision test: 2 5 AUG 2022			
6 Eit for lookout duties? VES	/NO			
7. Is the seafarer free from an	w medical condition likely to	be aggravated by service	at sea or to render t	he seafarer
unfit for service or to rende	er the health of any other pe	rsons on board?:	*	
YES/NO		· 2**		
8. Any limitations or restriction	ons on fitness?: YES/NO			
If VES specify limit	ations or restrictions			<u>.</u>
Duties:	attorio di Tostino			
Location/Vessel:				
2 2				
Medical/Other				 -
O Marilian Litanasa satagony	Fit-No restriction	Fit-subject to restricti	ons Unfit	
9. Medical fitness category:	Fit-No restriction	Tit-subject to restrict		
10. Date of examination/Issue	(DD/MANA/VVVV) 25 AUG	2022		
10. Date of examination/issue	(DD/WIWI/ + + + + /	"No more than 2 year:	s from the date of ex	kamination"
11. Date of expiry (DD/MM/YY	7 4 AUS 2024	140 111010 111411 = 70411		
	a RAHMAN		$\gg 0$	
I have read the contents of the certific	ate Sanad C/4		AVUBLIE RAL	HMAN