## 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

review. Mohamad. Mahporm

and have been informed of the right to



SL NO: 07-2022-0037

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

Name	Last DOGMAN, First MOHAMMED MIDD MIDDLE MAHPOZUR
Date of	Last RAMAN. First MOHAMMED Middle MAHPOZUR  FBirth: (DD/MM/YYYY) 0.0-09-1985
Condo	r: (Male/Female)
Nation	ality BANGLADESU Passport/NID No: BN 0813811
CDC N	BDS 2 5 2 7 R Graman ID No.
Occupa	ation: Deck/Engine/Catering/Other (specify)
Occupa	s/ Husband's name: MoHammeD HANIE
	r's Name: ROWSHAN ARA BEQUY.
Mailing	address: House No- C/K-04 Street/Road No-
Locality	/Village: FEROJ SHAH PO FERO JSHAH COLONY
D C	KHULSH! District CHATTOGRAM'
r.s	Ulstrict
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
DECEM	ATION OF THE RECOGNIZED WEDICAL PRACTITIONER.
I am du	ly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
	owings;
	Confirmation that identification documents were checked at the point of examination: 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
	Colour vision meets standards in section A-I/9?: YES/NO
	i i
6	Date of last colour vision test: 1 0 JAN 2022 Fit for lookout duties?: YES/NO
	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
8.	Any limitations or restrictions on fitness?: YES/NO
	If YES, specify limitations or restrictions
	Duties:
	Location/Vessel:
	Medical/Other
9.	Medical fitness category : Fit-No restriction Fit-subject to restrictions Unfit
	Tit-subject to restrictions Offit
10.	Date of examination/Issue (DD/MM/YYYY)1.0JAN2022
11.	Date of expiry (DD/MM/YYYY)0.9 JAN 2024 "No more than 2 years from the date of examination"
	U 9 JAN 2024

Official

Stamp