## ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No:SMC

Seafarer's Signature



SL NO: 07-2021-0015

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:	A4447A	MED	Middle MAHPOZUR
Name:	Last RAMAN	First9074777	11760	MiddleMiddle
Date of	Birth:(DD/MM/YYYY)	1-04-1985		
Date of Birth: (DD/MM/YYYY) 0/-04-985  Gender: (Male/Female) MALE  RADS 13811				
Nationality: BANGLA DESHI Passport/NID No: BN 0813811				
CDC No. BDS2527RB Seaman ID No:				
Occupa	ition: Deck/Engine/Catering/O	ther (specify)	\$	
<del>"F</del> ather"	s/ Husband's name:	OHAMMED HI	NIF	
	r's Name:	OWSHAN BRA	BEGUM.	***
Mailing	address House No. 4	In Street/Road	INO- 04	
Locality	/Village: EAST FEROZS!	CAH PO FE	ROZSHAH CA	slowy,
D C	W Chil SHI Die	trict CHATTO	GRAM.	
P.S. MHULSH! District CHATTO GRAM.  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				
the followings;				
1. Confirmation that identification documents were checked at the point of examination: YES/NO				
2.	Hearing meets the standards in section A-I/9: YES/NO			
	Unaided hearing satisfactory?: YES/NO			
4	Visual acuity meets standards in section A-I/9?: YES/NO			
5	Colour vision meets standards in section A-I/9?: YES/NO			
3.	Date of last colour vision test: 0 4 JAN 2021			
6.	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			
8.				
	If YES, specify limitat	ions or restrictions		
N.	Duties:			
	Location/Vessel:			
	Medical/Other		A A COLOR SERVICE	
9.	Medical fitness category:	Fit-No restriction	Fit-subject t	o restrictions Unfit
E E		- / / O / I	AM 2001	
10	Date of examination/Issue (D	D/MM/YYYY) <b>.u</b> <del>.t</del> J.	A.W <b>Z.U.</b> Z.	2 was a from the date of examination"
11. Date of expiry (DD/MM/YYYY)				
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1 6 5 1 5	and the contents of the cortificat	AHMAM		$\langle \mathcal{N} \rangle$