## 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.



SLNO: 07-2021-1364

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:  A.T. M. ABDULLAH
Name:	LastC.TiC.N.D.F.C.NFIFSt
Date o	f Birth:(DD/MM/YYYY) 10/10/1086
Gende	r: (Male/Female)Mal.E
Nation	ality: BANGLADESHI Passport/NID No: A018205 88
CDC No	oC/0/5/13Seaman ID No:05000.24.07
Occup	oC/01.5.11.3Seaman ID No:050003497ation: Deck/Engine/Catering/Other (specify)
Father	's/ Husband's name: MD. FARID AHAMMED CHOWDHURY.
	r's Name: SANJIDA BEGUM
Mailing	
Localit	g address: House No- Street/Road No- y/Village: CHINAIR P.O. BHATSHALA
P.S <b>B</b>	RAHMAN BARIA District BRAHMAN BARIA.
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DECLA	RATION 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;	
	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
5.	Colour vision meets standards in section A-I/9?: YES/NO
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6.	Date of last colour vision test: 1 1 NOV 2021  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
7.	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
o.	If YES, specify limitations or restrictions
	Duties:
	Location/Vessel:
	Medical/Other
	medical, exite
9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
	The restrictions of the strictions
10.	Date of examination/Issue (DD/MM/YYYY)
	Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"
	1 0 NOV 2023
I have read the contents of the certificate	

Official

Stamp