## 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. .



DR. MD. AYUBUR RAHMAN

DR. MD. AYUBUR KARIMAN 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

	RER INFORMATION:
Name	: Last
Date c	of Birth:(DD/MM/YYYY)1.01.0 - 1984
Canala	w. Mala / Tamala AAAA C
Nation	nality://SAMALADESHIPassport/NID No: E.F. 0842376
CDC N	o
Occup	o
<b>F</b> ather	's/ Husband's name: LATEMOSADDEKUR RAHMAN.
Mothe	er's Name: RAFICA SIKDER
Mailin	g address: House No- 522// Street/Road No-
Localit	y/Village: SHAHIDBAG PO SHANTI NAGOR
P.S	WOTI THEEL DHAKA
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
l am d	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh 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: WES/NO
3.	Unaided hearing satisfactory?: YES/NO
4.	Visual acuity meets standards in section A-I/9?: YES/NO
5.	
	Date of last colour vision test: 1 8 JUN 2022
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.	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
10	Date of examination/Issue (DD/MM/YYYY)
11	. Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"
	1 7 JUN 2024
	and the second s

Official

Stamp