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



SL NO: 07-2022-1993

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

	RER INFORMATION: Last MOJUM DER First JADU Middle LAL
Name:	Last MOJUM BER First Middle Middle First Mid
Date o	T BITTN: IDD/MIN/YYYY)
Gende	r: (Måle/Female)
Nation	rality: Passport/NID No: 402677/36
CDC N	o// 35368 Seaman ID No:
Occup	ation: Dock/Enging/Catoring/Other/cnocify) 0/65
Father	's/ Husband's name: BONI KUMAR MOJUMDER.
Mothe	er's Name: HERA MONI MOJUMDER,
Mailin	
Localit	V/Village: CHARPERBATI PO BASHURHAT
PS C	g address: House No- Street/Road No- y/Village: CHARPERBATI P.O. BASHURHAT COMPANIGAND District NOAXHALI
1 .5	The state of the s
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
DECEN	RATION OF THE RECOGNIZED WEDICAE FRACTITIONER.
I am di	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
	lowings;
	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
	Date of last colour vision test: 0 7 DEC 2022
6.	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?:
	VES/NO
0	
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
	110 000 00 100 100 100 100 100 100 100
10	Date of examination/Issue (DD/MM/YYYY). 0 7 DEC 2022
11	Date of expire (DD/MM/VVVV)
11.	Date of expiry (DD/MM/YYYY)
1.1	DAHMAN DAHMAN
ı nave r	ead the contents of the certificate