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

Form No:SMC

Seafarer's Signature



SL NO: 07-2021-0989

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

SEAFAF Name:	RER INFORMATION: Last	First	<i>N</i> Middle	JUBAIR	
Date of Gender	Birth:(DD/MM/YYYY)	7-12-1974, ACE,	20561576	•	
CDC No	Birth:(DD/MM/YYYY) : (Male/Female)	aman ID No:	0003433 4ASTER	t	
Father's	s/ Husband's name:	OHAMMED SA B. DELWORA	ALEQUE KH REGUMI	, A N ,	
Mailing		26 Street/Road	NO- KILA.		
P.S.	AAMOND Di	strict D FAA W	(A:		
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: ₹ES/NO					
3. 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: 2.3 AUG 2021					
	6. Fit for lookout duties?: YES/NO				
7.	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?: VES/NO					
8. Any limitations or restrictions on fitness?: YES/NO					
If YES, specify limitations or restrictions					
	Duties:		**************************************		<u> </u>
	Location/Vessel:				
Medical/Other					
incuracy office					
9.	Medical fitness category :	Fit-No restriction	Fit-subject to	restrictions U1	nfit
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" 2 2 AUG 2023					
1 have		AUMA			
I have read the contents of the certificate and have been informed of the right to					
and have review.	e been informed of the right to	S Office		DR. MD. AYUBUF M.B.B.S; P.G.T ((Medicine)