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

and have been informed of the right to

review.



SINO: 07-2022-1802

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

SEAFARER INFORMATION:					
Name	e: L	Last RAHAM First MD	Middle	13 D VC	
Name: Last					
Gender: (Male/Female)					
Nationality: 8946406541 Passport/NID No: A03810818					
CDC No. C/0/5239 Seaman ID No: 030009763					
Occupation: Deck/Engine/Catering/Other (specify)					
Father's/ Husband's name:MDNURER ZAMAN					
Moth	er'	r's Name: ROHIMA BEGUM	· 100		
Maili	ng	address: House No- Street/Road No-			
Mailing address: House No- Locality/Village: MONDURA: P.O. RAJGONJ BAZAR. P.S. BEGUM GONJ District NOOKHAL!					
P.S	8	BEGUMGONJ District NOAKA	IAC 1		
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;					
		Confirmation that identification documents were checked at the point of examination: YES/NO			
2	2. Hearing meets the standards in section A-I/9: YES/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				
5					
_	Date of last colour vision test: 3 1 OCT 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				
0	8. Any limitations or restrictions on fitness?: YES/NO				
٥	If YES, specify limitations or restrictions				
Duties:					
Location/Vessel:					
		Medical/Other		***	
Wicalculy Other				N	
9		Medical fitness category : Fit-No restriction	Fit-subject to restrictions	Unfit	
10. Date of examination/Issue (DD/MM/YYYY)3 1 OCT 2022					
11. Date of expiry (DD/MM/YYYY)300CT2024				n the date of examination"	
11. Date of expiry (DD/MM/YYYY)300CT2024					