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: 07-2020-1341

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

	RER INFORMATION:
Name	1 act 1/7 20 V First Middle
Date o	of Birth:(DD/MM/YYYY) 01-05-1971
Gende	er: (Male/Female)
Nation	nality: BANGIA08411 Passport/NID No: EG 0920838
CDC N	o 7/327-09 Seaman ID No: 0500 (1503.
Occup	ation: Deck/Engine/Catering/Other (specify) 60500000000000000000000000000000000000
Father	's/ Husband's name: ABBOL QUDAUS
Mothe	er's Name: MOMTAJ BEGUM
Mailin	g address: House No- Street/Road No-
Localit	y/Village: South HALISHAMME PO SAILORS EDLONY
P.S	Ep. 2 District CHATTOGRAY
DECLA	PATION OF THE RECOGNIZED MEDICAL PRACTITIONER
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
the fol	lowings;
1.	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
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: 0.9 NOV 2020
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
	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)
	0 8 NOV 2022
have r	ead the contents of the certificate