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

afarer's Signature

review.



SL NO: 07 - 2020 - 1224

DR. M. 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

SEAFA	RER INFORMATION:	TM - 4 - 1111	
Name	Last HASAN First MD Middle Mid	IMRANUL	
Date o	of Birth:(DD/MM/YYYY) 01-05- 1990		
Gende	or (Måle/Female) MALE		
Nation	nality: BANGLADESHI Passport/NID No: EF 0919535		
CDC N	nality: BANGLADESH1 Passport/NID No: EF 0919 535 0. C10 / 6328 Seaman ID No: 050001270		
Occup	ation: Deck/Engine/Catering/Other (specify)3R D OFFICER		
Father	's/ Husband's name: MD SHAFIQUL ISLAM		
	er's Name: RAFEJA KHANAM		
Mailin	g address: House No- Street/Road No-		
Localit	v/Village: KOMARVOG PO AJOIL		
P.S	KHOKSHA District KUSHTTA		
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:		
I am d	uly authorized by the Department of Shipping, Government of the People	's Republic of Bangladesh and confirm	
the fo	llowings;		
1.	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		
	Visual acuity meets standards in section A-I/9?: YES/NO		
	Colour vision meets standards in section A-I/9?: WES/NO		
	Date of last colour vision tests		
6.	Fit for lookout duties?: XES/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.	8. Any limitations or restrictions on fitness?: YES/NO		
If YES, specify limitations or restrictions			
	Duties:		
	Location/Vessel:	* * *	
	Medical/Other		
9.	Medical fitness category: VFit-No restriction Fit-subject to r	estrictions Unfit	
	The subject to 1	estrictions	
10	Date of examination/Issue (DD/MM/YYYY)		
		2 years from the date of examination"	
	2 1 OCT 2022		
-	E I OUI FOLL		
l have r	ead the contents of the cortificate	$\simeq \simeq $	

Stamp