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

Seafarer's signature

and have been informed of the right to

review.



SLNO: 07-2010-1514

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:	MD		impol.			
	Last KAYES Fi	rst	Middle				
Date of Birth: (DD/MM/YYYY)							
Gender: (Male/Female)							
Nationality: BANGLA DEST Passport/NID No: EG 0387682 CDC No. 7 321.55 Seaman ID No: 50067872							
CDC No							
Occupa	ition: Deck/Engine/Catering/Othe	er (specify)	PEYZ.	•			
Father's/ Husband's name: MD: ASOL & DSEM,							
	r's Name: GA	HEDA KHA	von,				
Mailing	address: House No-	Street/Road N	0- 0 100	-			
Mailing address: House No- Street/Road No- Locality/Village: M (TEBANG A - P.O. SHI GEN HOT. P.S. SANDWY - District CHATTOGRAY.							
P.S4	SANDOIP - Distric	t CHAT	robreay.				

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							
	owings;						
1. Confirmation that identification documents were checked at the point of examination: 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: 1 2 DEC 2020						
6.	Fit for lookout duties?: YES/NO						
7.	Is the seafarer free from any me	dical condition likely to	be aggravated by sei	rvice at sea or to	o render the seafa	rer	
	unfit for service or to render the health of any other persons on board?:						
	YES/NO	1	3				
8.	Any limitations or restrictions on	fitness?: YES/NO					
	If YES, specify limitations						
	Duties:						
	Location/Vessel:						
	Medical/Other						
9.	Medical fitness category : Fi	t-No restriction	Eit gubiest to mest	turi a4: a a	Unfit		
	Ti	t-140 lestiletion	Fit-subject to rest	unctions	Ullit		
10.	Date of examination/Issue (DD/N	им/уууу). 12 DE	C 2020				
11	10. Date of examination/Issue (DD/MM/YYYY)						
DEC 2022							