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.



SL NO: 07-2021-1349

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

SEAFAF	RER INFORMATION:	~	1.45		RIFA	7
Name:	Last HOSSAIN	First	MD.	Middle		
Date of	Birth:(DD/MM/YYYY)	01-05-1	995			0
Gender	: (Male/Female)	TALE -		- 0760		
Nationa	ality BANGLADESA	Passport/NID	No: EAC	1709372	^	
CDC No	: (Male/Female)	Seaman ID No:	050	140400		
Occupa	tion: Deck/Engine/Caterin	g/Other (specify	1 016	R		
Eather's	tion: Deck/Engine/Caterins/ s/ Husband's name:	MOHAN	1400	HOSSAIN	?	
	r's Name:	KOHINO	a are	THER .		
Mailing	address: House No	KOHING	Street/Road N	.,,,,,	0 1	
Locality	address: House No VVillage Sou 771 HAL	15 FATHIRE	SA1	LORS COLO	\sim_{\sim} .	
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P.3						
DECLA	RATION OF THE RECOGNIZ	ZED MEDICAL DE	ACTITIONED.			
DECLA	ATION OF THE RECOGNIZ	LD WILDICAL FR	ACTITIONER.			
Lam du	lly authorized by the Dep	artment of Shini	ning Governn	ent of the People	s's Republic of Ra	ngladesh and confirm
	owings;	artifient of Ship	pilig, doverni	ient of the reopie	s a republic of bar	igiaucsii alia colliilii
	Confirmation that identif	ication documer	ats word shock	and at the point of	ovamination: VES	/NO
				ted at the point of	examination. 123) 14O
	3. Unaided hearing satisfactory?: YES/NO 4. Visual acuity meets standards in section A-I/9?: YES/NO					
	•					
5.	Colour vision meets stand		A-1/9?: YES/NO			
	Date of last colou		7 NOV 2	021		
6.	Fit for lookout duties?: Yi	ES/NO				
7.	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafare					
	unfit for service or to render the health of any other persons on board?:					
	YES/NO					
8.	Any limitations or restrict					
	If YES, specify limitations or restrictions					
	Duties:					
	Location/Vessel:					
	Medical/Other			* ** **		
	151					
9.	Medical fitness category	: Fit-No res	striction	Fit-subject to	restrictions	Unfit
	- ·					
10.	Date of examination/Issu	e (DD/MM/YYYY	r) U / NU	V ZU ZI	* ************************************	
11.	Date of expiry (DD/MM/)	YYYY)	·	"No more that	n 2 years from the	e date of examination"
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Stamp