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

Seafarer's Signature

review.



SLNO: 07-2022-1691

R. 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

SEA	AFAF	RER INFORMATION:
Name: Last CHOWDHURY First MD SALAHUDDIN Middle		
Date of Birth:(DD/MM/YYYY) 01/01/1968		
Gender: (Male/Female)		
Nat	tiona	ality:BANGLADESHIPassport/NID No:.B00028339
CD	C No	Seaman ID No:
Occ	cupa	ntion: Deck/Engine/Catering/Other (specify)DECK(MASTER)
Fat	her'	s/ Husband's name: CADT. M. A. QUDDU5
Мо	ther	r's Name: BEGUM SAJEDA QUDDUS
		address: House No- 10 Street/Road No- 01
Loc	ality	//Village HALISHAHAR P.O. HALISHAHAR
P.S.	Н,	ALISHAHAR-4216District
DEC	CLAF	RATION 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		owings;
		Confirmation that identification documents were checked at the point of examination: YES/NO
		Hearing meets the standards in section A-I/9: YES/NO
		Unaided hearing satisfactory?: YES/NO
	4.	Visual acuity meets standards in section A-I/9?: YES/NO
	5.	, , , , , , , , , , , , , , , , , , , ,
		Date of last colour vision test: 1 0 OCT 2022
		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
	10	Data of examination (leave (DD (MAA (MAA)))
		Date of examination/Issue (DD/MM/YYYY)
	11.	Date of expiry (DD/MM/YYYY)
		4 0 001 E051