## 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: 07-2023-1691

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

SEAF	ARER INFORMATION:  E: Last
	FirstMiddleMiddle
Gend	er: (Male/Female)
Natio	nality BANGLADE OF Passport/NID No: 9114980304,
CDC	NoSeaman ID No:
Occu	r's/ Husband's name: MD SOHRAB BISAIAS.
	r's/Husband's name: 70 SOHRAB BISWAS.
	er's Name: FATEMA BEGOM.
Mailir	ng address: House No- Street/Road No- ty/Village/South CHARDUANI POSOUTH CHARDUXANI - 8710
Locali	ty/Village(SOUTH CHARDUAN) POSOUTH CHARDUXAN) - 8710
P.S	PATHARGATA District BARGUNA
DECLA	ARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am d	luly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
tne to	llowings;
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
	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 8 DEC 2023
6.	
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
	The subject to restrictions Offit
10	Date of examination/Issue (DD/MM/YYYY) 0 8 DEC 2023
11	Date of expiry (DD/MM/YYYY)nn
	0 7 DEC 2025