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

ed of the right to

and have been inform

review.



SL NO: 07-2022-1853

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

SEAFARER INFORMATION: Name: LastFirst _MOHAMM AD _MONIRUIDE	
Gender: (Male/Female)MALE Nationality:BANGLADESHI Passport/NID No: EE 0139001	
Nationality:	
CDC No	
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/ Husband's name: MOHAMMAD SADEM ALI Mother's Name: MRS. MONOWARA ALI	
Mother's Name: MRS. MONOWARA ALI	
Mailing address: House No- 3Z Street/Road No- JOY PARA Locality/Village: JOY PARA PO MANIKGANT CADAR	
P.S. MANIKGANT SADAR District MANIKGANT.	
P.SIMARTILE CHATILIASHOPPER. DISTRICTIMARTILIA. ISLAM. IN	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
DECEARATION OF THE RECOGNIZED MEDICAL FRACTITIONER.	
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm	
the followings;	
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	
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: n q NOV 2022	
6. 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. Date of examination/Issue (DD/MM/YYYY)0.9.NOV. 2022	
11 D-tf	,
11. Date of expiry (DD/MINI/YYYY)	
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