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.



SL NO: 07 - 2022-0085

DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber *O, Agrabad C/A, Chittagorig.

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

SE	AFAR	ER INFORMATION:
Na	me: l	ast A212 First MOHAMMED Middle ABDUL
Da	te of	Birth:(DD/MM/YYYY)
Ca	ndor	· (MXIo/Fomple) MAIF
Na	tiona	lity: BANGLADES HI Passport/NID No: EB 0136408
CD	C No	tion: Deck/Engine/Catering/Other (specify)
90	cupa	tion: Deck/Engine/Catering/Other (specify)
Fa	ther's	Husband's name: MOHAMMED ABDUR RAHMAN
M	other	's Name: FARICHA BANU
Ma	ailing	address: House No- Street/Road No-
Lo	cality	/Village: WEST MAHADEBPUR PO SITAKUNDA
P.S		SITAKUNDA District CHATTOGITAM
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DE	CLAR	ATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
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		ly 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
		Visual acuity meets standards in section A-I/9?: YES/NO
	5.	Colour vision meets standards in section A-I/9?:\\ES/NO
		Date of last colour vision test: 2 0 JAN 2022
		Tit for lookout duties: . VES/140
	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?:
		√ES/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: Vit-No restriction Fit-subject to restrictions Unfit
	4.5	D. (() () () () () () () () ()
		Date of examination/Issue (DD/MM/YYYY)2
	11.	Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"
		1 9 JAN 2024