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

review.



SLNO: 07-2022-0176

DR. MD. AYUBUR RAHMAN

M.B.B.S; P.G.T (Medicine)

Taher Chamber

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

SEAFA	RER INFORMATION: ALEAH MOHAMMED AND IDRIS
	: LastWilddleWilddle
Date o	of Birth: (DD/MM/YYYY)
Gende	er: (Male/Female) 94 CC -
Nation	nality: BANGLA DESTI Passfort/NID No: 5130 +87045
CDC N	o/ 44 6 7 Seaman ID No: 5 5 6 6 2 6 7 6
Occup	ation: Deck/Engine/Catering/Other (specify)
Father	's/ Husband's name: ABDUL WAHED ·
	er's Name: BAKINA KHATUN
Mailin	g addraggy House No. Street/Read No.
Localit	y/Village: SOUTH HALISTEAN BO SALLONS COLONY
P.S	BANDAR District CHATTO QLAM.
4	
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am d	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
	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
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: 0 8 FEB 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
	The subject to restrictions
10	Date of examination/Issue (DD/MM/YYYY)
11	Date of expiry (DD/MM/YYYY)
	U / FEB ZUZ4

Official

Stamp