ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No:SMC

review. •



SLNO: 07-2023-1424

DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrada C/A, Chittagong.

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: Last CHOWDHURY First MD ARRAN Middle UDDIN
Date of Birth:(DD/MM/YYYY)
Gender: (Male/Female)
Nationality: BANGLADE SHI Passport/NID No. BOOD 59887. CDC No. CPG 5855 Seaman ID No. 050004768 Occupation: Deck/Engine/Catering/Other (specify) CH. OFF, LER. Verather's/ Husband's name: MD MOHIN UDDIN CHOWDHORY.
CDC No
Occupation: Deck/Engine/Catering/Other (specify)
VFather's/ Husband's name: MD MOHIN UDBIN EAGWOITE
Mother's Name: SHAMIM ARA BEGOM.
Mailing address: House No- Street/Road No- Locality/Village: MOHORA P.O. MOHOR
Locality/Village: MOMORA, P.O. MOMORA,
P.S. CHANDON District CAATTO ORAM,
DECLARATION OF THE PROCESSION
DECLARATION 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 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: 1 9 OCT 2023
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
Q. Modical fitness estagany.
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
10. Data of examination /laws (DD (MM (mag)) 19 OCT 2022
10. Date of examination/Issue (DD/MM/YYYY). 1 9 OCT 2023
11. Date of expiry (DD/MM/YYYY)
I have read the contents of the certificate
and have been informed of the right to