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.



SL NO: 07-2022-0772

DR. MD. AYUBUR RAHMAN

DR. MD. AYUBUR KAHMAN 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: Last FARUK First MD Middle OMAR		
Date of Birth:(DD/MM/YYYY) 15/03/1987		
./		
Gender: (Male/Female)MALE Nationality: BANGLADESHIPassport/NID No:EB. 0538.070		
CDC NoC/Q/5108		
Occupation: Deck/Engine/Catering/Other (specify)		
Father's/ Husband's name: MD. ABDUL HUBUE		
		's Name: SHIRIN AKTHER
Ma	iling	address: House No- Street/Road No-
		/Village: KASHIPDR PO MOHESHGIONT
P.S		SO NAI MURI District NOAKHALT
DE	CLAF	RATION 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		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
	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 7 MAY 2022
		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
		1.7 MAY 2022
	10.	Date of examination/Issue (DD/MM/YYYY)
	11.	Date of expiry (DD/MM/YYYY)
		7 0 1011 6021