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

Form No:SMC

Seafarer's Signature

review.



SL NO: 07 - 2023 - 1146

DR. M. AYUBUR KARIMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10. Agrabad 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

CTATADED INFORMATION.	
SEAFARER INFORMATION: Name: Last SADRUL ALAM First 1 BRAHIM Middle MOHAMMED	
Date of Birth:(DD/MM/YYYY) 04-05-1976	
Date of Birth:(DD/MM/YYYY)	
Gender: (Male/Female)MALE	
Nationality: DANG LAUCE FT Passport/NID No: D 00607323	
CDC No	
Gender: (Male/Female)	
Father's/ Husband's name:S.H.A.MSUL ALA M	
Mother's Name: HOSNEARA BEGVM	
Mailing address: House No- Street/Road No-	
Locality/Village: KALAPANIA, WARD # 0.2 P.O. AKBAR HAT	
P.S. SANDWIP District CHATTOGRAM	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
Landally systemical by the Department of Chinaina Community of the Department of the Department of Boundary and confirm	
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings;	1
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?:√ES/NO	
Date of last colour vision test:  6. Fit for lookout duties?: YES/NO  2 3 AUG 2023	
6. Fit for lookout duties?: YES/NO Z 3 AUG 2023	r
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafare	
unfit for service or to render the health of any other persons on board?:	
WES/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	1
9. Medical fitness category: VFit-No restriction Fit-subject to restrictions Unfit	
10. Date of examination/Issue (DD/MM/YYYY <mark>23AUG2023</mark>	
11. Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination	"
2 2 AUG 2025	
I have read the contents of the certificate	
and have been informed of the right to  OR, M. AYUBUR RAHMAN  OR, M. AYUBUR RAHMAN	