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

Form No:SMC

and have been informed of the right to

M. Ibornhim

Seafarer's Signature

review.



SL NO: 07 - 2021 - 0103

DR. M. AYUBUR RAHMAN

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

Taher Chamber

NO. 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

SEAFA	RER INFORMATION:	
	Last IBRAHIM First MD Middle	
Date o	Birth:(DD/MM/YYYY)	
Gende	: (Male/Female)MALE	
Nation	ality: BANGLADESHI Passport/NID No: BY 0136555	
CDC N		
Occup	C/O/ 1028年 Seaman ID No: 050011404 tion: Deck/Engine/Catering/Other (specify) DECK CADET	
	5/ Husband's name:M.D SHARIF	
Mothe	's Name: AYESHA BEGUM	
Mailin	address: House No. Stroot/Poad No.	
Localit	/Village: JULDHA PO FAKIR NIR HAT	
P.S	/Village: JULDHA PO FAKIR NIR HAT ARNAFULT District CHAT TOGRAM	
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
	ly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm	
	owings;	
	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	
	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?:VÉS/NO	
	Date of last colour vision test: 0.1 FEB 2021	
	Fit for lookout duties?: VES/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?:	
	√ES/NO	
8.	Any limitations or restrictions on fitness?: YES/NŎ	
	If YES, specify limitations or restrictions	
	Duties:	
	Location/Vessel:	
	Medical/Other	
9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit	
	0.4 FFD 0004	
	Date of examination/Issue (DD/MM/YYYY)	
11	Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"	
	3 1 JAN 2023	
l have =	ad the contents of the certificate	
HIGVE	ad the contents of the Celtificate	

Official

Stamp