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 Signature

review.



SL NO: 07-2021-0395

DR. M. AYUBUR RAHMAN

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

SEAFAR	RER INFORMATION:
Name: l	Last ALAM First MD Middle JAHANGTIR
Date of	Birth:(DD/MM/YYYY) 06-10-1982
Gender	: (Male/Female)MALE
Nationa	ality: BANGILADESHI Passport/NID No:
CDC No	Ality: BANGLADESHI Passport/NID No: 050002253
Occupat	tion: Deck/Engine/Catering/Other (specify)CH. ENGINEER
Æather's	S/ Husband's name: M.DA. BOUL AZIZ MONDOL
•	's Name: RAHIMA BEGUM
Mailing	
Locality	Willage: AMGRAM PO SHOHORGOSI
P.S. G	OBINDA GOND District GAIBANDHA
DECLAR	ATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am du	ly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
the follo	owings;
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
	Unaided hearing satisfactory?: YES/NO
4.	Visual acuity meets standards in section A-I/9?: YES/NO
	Colour vision meets standards in section A-I/9?:XES/NO
	Date of last colour vision test:
6.	Fit for lookout duties? YES/NO 2 4 MAR 2021
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
10.	Date of examination/Issue (DD/MM/YYYY)24MAR2021
11.	Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"
	.2 3 MAR 2023