## 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

Seafarer's Signature

review.



SLNO: 07- 2022-0663

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

Name	ARER INFORMATION:  Last UDDIN First MUHAMMAD Middle	FARID	
Gend	er: (Male/Female)		
Natio	nality:BANGLADESHI Passport/NID No: BB 0313 280  Io. 71, 31389 Seaman ID No: 050006985		
CDC N	lo		
Occup	pation: Deck/Engine/Catering/Other (specify)	••	
	r's/ Husband's name:M.DA.BUL KASHEM	8	
	er's Name: MORIUM BEGUM		
Mailir	er's Name: MORIUM BEGUM  g address: House No- 26 Street/Road No- 02, LANG- 10,	BLOCK - B	
Locali	ty/Village: HOUSING ESTATE PO HALISHAHAR HALISHAHAR District CHATTOGRAM		
P.S	HALISHAHAR District CHATTOGRAM		
DECL			
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:		
	internal de la companya de la compan		
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 ex	amination: YES/NO	
	Hearing meets the standards in section A-I/9: YES/NO		
	Unaided hearing satisfactory?: YES/NO		
	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: 0 8 MAY 2022		
	111 101 100 NO GL GGICS .: VES/140		
7.	Is the seafarer free from any medical condition likely to be aggravated by se	rvice at sea or to render the se	afarer
	unfit for service or to render the health of any other persons on board?:		
	YES/NO		
8.	Any limitations or restrictions on fitness?: YES/NV		
	If YES, specify limitations or restrictions		
	Duties:		
	Location/Vessel:		
	Medical/Other		
9.	Medical fitness category: Fit-No restriction   Fit-subject to rest	trictions Unfit	
	Date of examination/Issue (DD/MM/ΥΥΥΥ <mark>)8ΜΔΥ2022</mark>		
11	Date of expiry (DD/MM/YYYY)"No more than 2	years from the date of examina	ation"
	0 7 MAY 2024		
have read the contents of the certificate			