## 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 - 2023 - 1397

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

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	of Birth;(DD/MM/YYYY) 101.219		N	/liddle	7) 3 1 1 2		
Gono	ler: (Måle/Female)MALE	69					
Natio	unality: BANGILADES HI Bassapert	NID No. EE O.	710520				
CDC	onality: BANGLADES HI Passport/ No	0.50	005347				
Occu	nation: Dock/Engine/Catering/Other/sne	sifu CHIC	F ENGI	NEER			
€2th	er's/ Husband's name:	URUL ISL	A AA				
•		EN AKH					
	ng address: House No-	Street/Pood	TAIS No.				
Local	ng address: House No- ity/Village: 304, MV NS EF PARA	DO BRAH	MANRAF	A15			
P.S.R	RAHMANBARI SADAR District	BRAHMAN	BARIA		•••••		
,		)					
DECL	ARATION OF THE RECOGNIZED MEDICAL	. PRACTITIONEI	R:				
l am	duly authorized by the Department of Sh	nipping, Goverr	nment of the	People's Re	public of Bang	gladesh and cor	nfirm
the fo	ollowings;				,		
1	. Confirmation that identification docur	nents were che	cked at the I	point of exam	ination: YES/I	NO	
2	. Hearing meets the standards in section A-I/9: YES/NO						
3	/						
4	Visual acuity meets standards in section A-I/9?: YES/NO						
5	The state of the s	on A-I/9?: <b>Y</b> ÉS/I	OV				
	Date of last colour vision test:	0.2 007 0	0000				
	Fit for lookout duties?: VES/NO	0 2 OCT 2					
7	Is the seafarer free from any medical o	ondition likely	to be aggrav	ated by service	ce at sea or to	render the sea	farer
	unfit for service or to render the healt	h of any other p	persons on b	oard?:			
_	√ES/NO	· · · · · · · · · · · · · · · · · · ·					
8. Any limitations or restrictions on fitness?: YES/NO							
	If YES, specify limitations or re Duties:	strictions					
	Location/Vessel:					*	
	Medical/Other						
Sec. 1	Wedical) Other				· · · · · · · · · · · · · · · · · · ·		¥ S
9.	Medical fitness category : Vit-No 1	restriction	E4 1		· 1	II C	ž e
٥.	Witt-No	restriction	Fit-sub	ject to restric	etions	Unfit	,
10	D. Date of examination/Issue (DD/MM/Y)	vvvD 2 DCT	2023				
	L. Date of expiry (DD/MM/YYYY)			ore than 2 ve:	ars from the o	late of examina	tion"
		0 1 OCT 20	25	or o man z yet	ars from the t	ace of examining	
		30, 20			Con.		
l have	read the contents of the certificate	N. AYUB	To last		$\times$		