

HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A-55144

PATIENT CONTROL NUMBER: HS1723FF

MEDICAL EXAMINATION CERTIFICATE

RNAME	FIRST NAME AND		MIDDLE NA	ME
MOHAMMAD	The second secon	AQUE		
ACE AND DATE OF BIRTH	PASSPORT NUMBER		SEAMAN'S I	BOOK NUMBER
KHULNA 14-Jan-1969		98146		C/O/1723
TIONALITY: BANGLADESHI SEX:	W Male ☐ Female	VESSEL TYPE		RADING AREA: WORLD WI
RWANENT HOWE ADDRESS.		C	ONTACT NUMBER	01715387700 (SELF)
ISE-187, ROAD-12, SONADANGA R/A, K	HULNA, BANGLADESH	. R	ANK :	CHIEF ENGINEER
Have you ever had any of the following con	ditions?			
Condition	YES NO	Condition		YES NO
 Eye/vision problem 		18 Sleep probl	ems	□ 6 /
2 High blood pressure	n 7/	19 Do you smo	ke?	
3 Heart/vascular disease		20 Operation/s	urgery	
4 Heart surgery	U 7/1	21 Epilepsy/se	izures	
5 Varicose veins		22 Dizziness/fa	ninting	
6 Asthma/bronchitis	0 0/	23 Loss of cor		(D) V/
7 Blood disorder	· 7/	24 Psychiatric	problems	P/ P/
8 Diabetes	n 7.	25 Depression	Ü.	1 1 1/2
9 Thyroid problem		26 Attempted		
10 Digestive disorder	□ <i>F</i> //	27 Loss of me	Control of the contro	
11 Kidney problem	· 9//	28 Balance pro		/// o b/
12 Skin problem		29 Severe hea	5-170 B. C.	0 0
13 Allergies	2 2		roat problems	
14 Infectious/contagious diseases	1//	31 Restricted		9 V
15 Hernia		32 Back proble		
16 Genital disorders	20	33 Amputation	A STATE OF THE PARTY OF THE PAR	
17 Pregnancy f any of the above questions were answere	D NAN	34 Fractures/d	islocations	0 0
Additional questions 35 Have you ever been signed off as	sick or repatriated from a	a ship?	1.35	YES NO
35 Have you ever been signed off as 36 Have you ever been hospitalised? 37 Have you ever been declared unfi 38 Has your medical certificate ever 39 Are you aware that you have any	t for sea duty? been restricted or revoke medical problems, diseas	d? es or illnesses?		
35 Have you ever been signed off as 36 Have you ever been hospitalised? 37 Have you ever been declared unfi 38 Has your medical certificate ever 39 Are you aware that you have any 40 Do you feel healthy and fit to p	t for sea duly? been restricted or revoke medical problems, diseas perform the duties of you	d? es or illnesses?	on/occupation?	
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Deck service Engine service/ Catering service Other services	Deck service Deck service Engine service Catering service Other services	nature of Seaf	arer			Name of Se		tic test results recor	rded above	
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Revision Date: 24th July 2022

MEDICAL	CERTIFICATE	FOR	PERSONNEL SERVIC	E ON BOARD)
SURNAME: MOHAMMAD		GIVI	EN NAME (S): MOSTAQUE		
DATE OF BIRTH:		PLACE	OF BIRTH		SEX
DAY 14 MONTH 1 Y	FAR 1969	CITY	KHULNA COUNTRY	BANGLADESH	
POSITION ON BOARD:		MAILIN	IG ADDRESS OF APPLICA		MALE V PEWALL
MASTER			E-187, ROAD-12		
DECK OFFICER		SONA	DANGA R/A (2nd Face), KH	ULNA	
ENGINEERING OFFICER RADIO OPERATOR		DANIC	ADECH		
RATING		BANG	LADESH.		
DECLARATION OF THE AUTHORIZED F	PHYSICIAN	_			
VISION	W- 2101-11 CALLED TO 1		COLOR TEST TYPE		HEARING
WITHOUT GLASS	SES WITH GL	ASSES	ВООК		4,000,000,000
RIGHT EYE	66	6	LANTERN YELLOW RED PO	RIGHT EAR	no
LEFT EYE	66	6	GREEN BLUE M	LEFT EAR	M
Confirmation that identification documents	were checked at th	e point of	examination: YES NO	-	
Hearing meets the standards in STCW Co		-	NO ☐ NOT APLICA	BLE	- Landard Company
Unaided hearing satisfactory? YES	ПОИ		1		
Visual acuity meets standards in STCW C	ode. Section A-1/9?	YEST	NO []		
Date of the last colour vision test: (Day/Mo Are glasses or contact lenses necessary to Able for watchkeeping? YES NO Is applicant taking any non-prescription or	meet the required prescription medica	tions? YE	ndards? YES NO		
Is the seafarer free from any medical cond endanger the health of other persons on bo	ition likely to be agg pard? YES NO	ravated t	by service at sea or to render the	seafarers unfit for	r such service or to
Hereby I declare that I am in knowledge of	the contents of the	Physical	Examination.		é
0					
450	MOSTAQUE	МОН	AMMAD	3-Jul-20	024
Signature of Applicant	✓ Name	of Applica	int o	Date	
CIRCLE APPROPIATE CHOICE: (HE ENGINEERING DEFICER / RADIO O	/ SHE) IS FOUNI	о то ве	(FIT / NOT FIT) FOR DUTY	AS A (MASTER	R / DECK OFFCIER /
	FIT	FOR D	UTY ON BOARD SHIP		
NAME AND DEGREE OF PHYSICIAN: DF	R. MIR. MD. RAIH	AN, MB	BS (DU) DFM. CCD (BIRDE	M) P.G.T. (OPH	IH)
ADDRESS: RADICAL HOSPITALS LT	D, 35, SHAH MAP	CHDUM	AVENUE, SECTOR-12, UTT	ARA, DHAKA-1	230.
NAME OF PHYSICIAN'S CERTIFICATING	AUTHORITY: DG	SHIPPII	NG BANGLADESH, REG. N	O.A-55144 (B.M	.D.C)
DATE OF ISSUE PHYSICIAN'S CERTIFIC	ATE: 06-MAY-201	14			
SIGNATURE OF PHYSICIAN:		STAMP	OF PHYSICIAN: A Per-	#C500	DATE: 0 3 JUL 2024
EXPIRY DATE OF CERTIFICATE:	0.2		OF THORNE		DATE,
CALIFICATE OF GERTIFICATE.		JUL 202	compliance with the requirement	TIS STATES	
UR, MR. N			ed and the Maritime Labour Co		

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

ASSESSED OF THE PROPERTY OF TH	Nationality BANGINDER		Sex (FES) MF	(私/排)	Dut of Brish 16.00.00	Kg/ai age 26. (20 ₹5ệ) kş	- muc Normal temperature (中热)	RD (i Single Married (兵衆ノ東江谷)	mmol/?!
MEDICAL RECORDS (Write in block Letters)		Fav	(E) nothing	family name (\$\frac{1}{2}\);	FIMIL	Om Weight (frife: Kg	min Normal breathing rate. (正本学長セ/光)	Blood type. Set	
In Noor ferrator	pany	(所属会社) 12	Same Mostly and	(5.5.2) given name (8.)	Name of Position: Mr.	and Fle	Puise And And Normal by (別格)	Blood pressure.	Ricod sugar: (定辞值) Urts acid: (原館鑑)
	ию	S	ич	n vn	ss.				
ster ·	M M	M B	N :	z z	M 8				(Card holder) (# 1)

Briefly enter any special comments to the Attending Physician in English.

二 Other, Name of disease (两名) 二 Cerebral Apoplexy (配本中) 二 Liver disease (所報訊應) 二 Hypertension (東血圧症) Cancer part (BE/BE(E) □ Hean disease (心臓病) I Diabotes (特別名)

(仮替用語へ等に企べたこれに、原籍に確認し

Notation: F = father, M = mother, B = brother, S = sister

S.FAMILY HISTORY: (家族區)

(U



Signature (署名)

Date 0 3 JUL 2024



DRAMIR, MD. RAIHAN M88s IDU, DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

□ Drink every evening (単単) Junker (中極度) □ Light drinker (第123 - 17 - M - NO I で記さ) も見口 | Step well - 数く組る: | | Have Steplessness | 2017-2017 | FRIE | Sometimes take steeping pills, etc. (等 4 無疑疑を用) これをいった。 Infinite on weight これった 三年 五十二年 □ Have Sleeplessness (現れない) T Consuposed □ Heavy Jrinker 選い □ Moderate drinker (中部文) Cigarettes a day 1.1 B Thy □ Sometimes (場中) 2 Sweet 1310 U Meat (別種) 二 Ob not drink 政策を行う 0. T tregular (1) Weight, (学書) コ Constant 深わらず) コ 口 Losing weight (やせてきた) Never smoke 38 to the - Jun smoking in 19 □ Drink 3-5 times a week (國にこ~3回) (3) Evercise: (調整) 二 Often (スページ) - Table all !! 4. DAILY LIFE HABITS: (日本日本) (克里)(日本) 14: Dietary preferences. 対策分類記 - Sirnike □ Have insomnia,下锅值¹ (1) Alcehol intake: (数:面) (2) Smeking: (海陽) (3) Bawel movements. (6) Steep; (整理) (重) (3年期) 入9年 Name (s) of medicine (s) used for the above disease (s). (上档等指:1月一般集出 8) 1 Other When? 最適十の目指言と思か記入して下言に 3. PRESENT ILLNESS (CHRONIC DISEASE).....(\\ (\stall \stall \sta Food affergies iname). Medical information: (医療情報) * Please check the appropriate items. (全是至) (シャケば) T. Asthera 11. Past serious illness; 国力更任证) 、Age (年期) ☐ Unicaria chives1 「そいれるいい 2. PAST HISTORY; (新聞) Name of illness: 「功務的) Drug allergres maner; 「Augent 中央 I, ALLERGIES: (レフドルー) (美麗麗)

DR. MIR. MD. RAIHAN
NBS (DV), DFM, CCD (Birdem), PGT (Ophil)
NBS (DV), DFM, CCD (Birdem), PGT (Ophil)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
DG Shipp.ng Bangladesh Approved
Radical Hospitals Limited





HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME (OF CREW:	MOSTAQUE MOHAMMAD)	RANK:	CHIEF ENGINE	ER	
CDC NO) :	C/O/1723		DOB :	14-Jan-1969		
HEAL.	TH QUEST	TONNAIRE					
PLEASE	E ANSWER I	OLLOWING BY TICKING (✓) YES OR NO		Y	'ES	NO
1	Have you	ever had coronary thrombosi	is or certain types of h	eart surg	ery?		
2	Are you su	ffering from any heart relate	d cotnplications?				
3	Are you a	diabetic ?					
4	If you are	diabetic, do you need injectio	o.ns of insulin for diabe	etes?			
5	Have you	ever had a stroke, or unexpla	ained loss of consciou	sness?			
6	Have you	ever been treated for a ment	al.or nervous problem	?			
7	Are you an	alcoholic, or have you had a	alcohol or drug addicti	on proble	ems?		
8	Do you ha	ve any hearing difficulties or	are you using any hea	ring aid?			1
9	Have you	ever suffered from any STD	(Sexually Transmitted	Disease))?		
10		vare of any other health cond employment *	dition that could affect	your fitne	ess for		
knowled consequ	e. true and lences in cas	oove questionnaire and answ complete. Ialso declare t se of detection of any chronic all the expenses as may inc	hat lam a healthy r c disease or its past hi	nan and story whi	will be fully re- ich Imay have cor	sponsible	for all the
Date :		0 3 JUL 2024	Si	gned :	A	#5	
* 16				-	The Cr	ew Membe	r
if yes,	mention deta	<u></u>	R. MIR. MD. RAI BS (DU), DFM. CCD (Birdem), PG MDC A-55144, MMC-BG Shipp.ng Bangladesh Ar General Physician Radical Hospitals Limit	D-016 D-016			**

Revision: 5.1

Revision Date: 24th July 2022





ID NO : 24070058

Patient's Name: MOSTAQUE MOHAMMAD

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/1723

Specimen : Blood

Date: 03/07/2024

Age : 55Y5M19D

Sex : Male

(Relevent estimations were carried out by KT-44 Haematology Analyzer with checked manually)

HAEMA	TOLO	GYR	EPO	RT
-------	------	-----	-----	----

Parameter	D	esults	Reference Values	Histogram
		Courto	Reference varies	nistogram
Haemoglobin(Hb) ESR(Westergren)	13.1 05	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT	5,000	/cumm	4,000 - 11,000 /cumm	4.44
Neutrophils		0.0	(40 7500)	
	69	%	(40 - 75)%	WBC CURVE
Lymphocytes Monocytes	25 04	%	(20-45)%	
Eosinophils	02	%	(2-10)%	
Basophil	00	%	(1-6)% 0-1 %	
	$\Lambda \Gamma$	ICA	0170	
TOTAL CIR. EOSIONOPHIL COUNT	100	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	172,000	/cumm	1,50,000-4,50,000 /cumm	
MPV	11.4	fL	7.0 -11.0 fL	
PDW-CV	16.8	%	10 - 18 %	PLT CURVE
PCT	0.2	%	0.10 - 0.28	
P-LCR	35.8	%	9.00 - 45.00%	A
P-LCC	62	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	4.77	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	A
HCT/PCV	42.5	%	M: 40-54%, F: 37-47%	
MCV	89.2	fL	76-94 fL	
MCH	27.5	pg	27-32 pg	RBC CURVE
MCHC	30.8	g/dL	29-34 g/dL	NDC CORVE
RDW SD	48	fl_	30.0-57.0 fL	
RDW CV	16.3	%	10-16%	

Checked By...... Medical Technologist. Redical Hospital Ltd. Uttara, Dhaka.

Dr. Sumalya Khatun

MBBS,MD (Gold Medilist) (BSMMU)

Associate Professor Dept.Of Microbiology

East West Medical College & Hospital.



Bill No	DIA24070058	Received	Date	02/07/2	2024
Patient's Name	MOSTAQUE MOHAMMAD				
Patient's Age	55Y 5M 19D	P	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(B	IRDEM),PGT(Eye),DFM	CI	DC NO	C/O/1723
Sample	BLOOD				3.31113

BIOCHEMISTRY REPORT

Result	Reference Range
5.8 mmol/l	4.2 – 6.4 mmol/l
0.56 mg/dl	0.2 - 1.1 mg/dl
29.0 U/L	Up to 37 U/L
32.0 U/L	Up to 40 U/L
5.1 %	4.2 - 6.7 %
	5.8 mmol/l 0.56 mg/dl 29.0 U/L 32.0 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checkersy

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital.



Bill No	DIA24070058	Received D	ate 02/07/	2024
Patient's Name	MOSTAQUE MOHAMMAD	Tredelyed B	vate 02/07/	2024
Patient's Age	55Y 5M 19D	Pa	tient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE		CDC NO	C/O/1723
Sample	BLOOD		ODO NO	C/O/1/23

SEROLOGICAL REPORT

Test Name	Result	
HBs Ag (Method : (ICT)	Negative	
HIV 1 & 2 (Method : (ICT)	Negative	
VDRL	Non-reactive	-

OOD GROUPING RESULT	
ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumalya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital.



Bill No	DIA24070058	Received D	ate 02/07/2	2024
Patient's Name	MOSTAQUE MOHAMMAD			
Patient's Age	55Y 5M 19D	Pat	ient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(E	BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1723
Sample	URINE			

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil	
Albumin	Nil	WBC	Nil	
Sugar	Nil	Epithelial	Nil	
Ex.Phosphate	Nil	Granular	Nil	
	MU	Hyaline	Nil	

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil .
B.J. Protein	Not Done	Hippurate crystal	Nil



Medical Technologist. Radical Hospital Ltd. Dr. Sumdiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24070058	Received D	ate 02/07/2	2024
Patient's Name	MOSTAQUE MOHAMMAD			
Patient's Age	55Y 5M 19D	Pa	tient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1723
Sample	URINE			

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result	
Drug Level of Urine		
Cocaine	Negative	
Morphine	Negative	
Marijuana	Negative	
Barbiturates	Negative	
Amphetamines	Negative	
Phencyclidine	Negative	
Alcohol	Negative	2
Benzodiazepines	Negative	
Methadone	Negative	
Propoxyphene	Negative	

Medical Technologist. Radical Hospital Ltd.

Dr. Sumaya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. ONE HUMBER

DATE: 03/07/2024

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: MOSTAQUE MOHAMMAD

RANK: CH.ENG

CDC NO: C/O/1723

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL /BLIND

OPINION

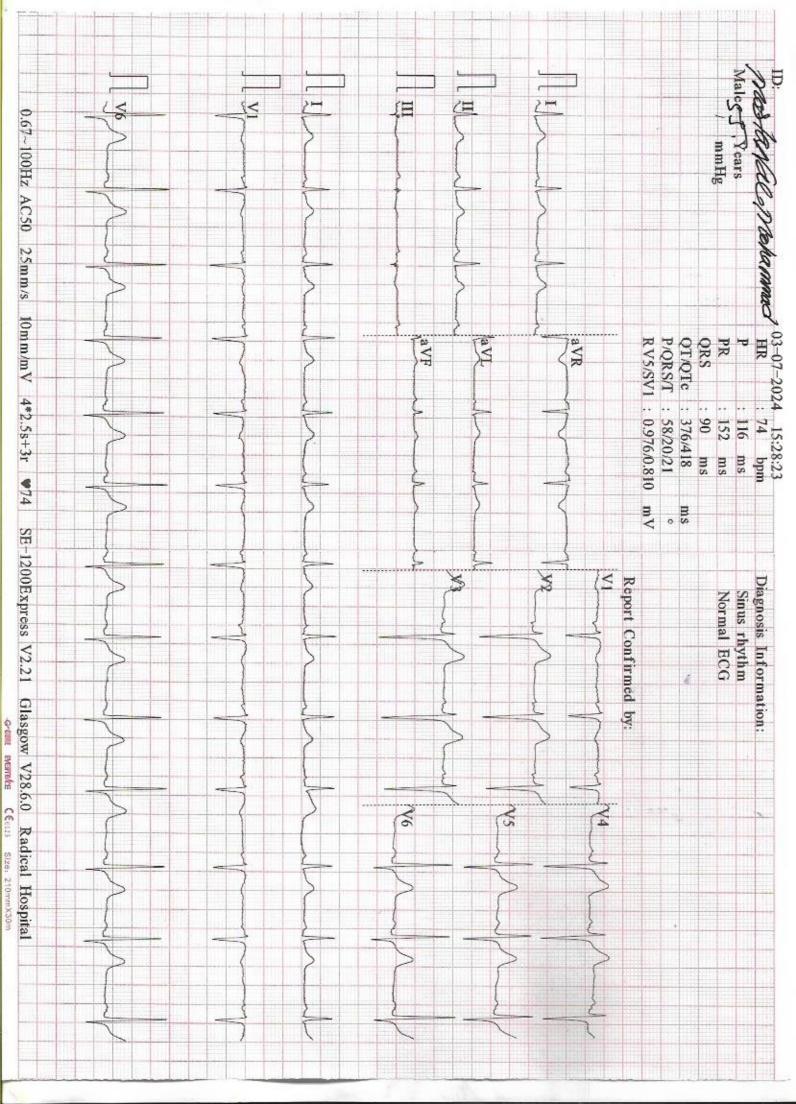
UNFIP/ FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

24070058

Receive:03/07/2024

Print: 03/07/2024

Patient's Name

MOSTAQUE MOHAMMAD

Age

55 YRS

Sex

: M

Refd. by

Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm

: Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart

: Normal in T.D.

Lung

Lung fields are clear.

Bony thorax

Reveals no abnormality.

Comments

Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

Pre-Joining
Medical
Report t
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			0 3 JUL 2024	Date of Exam
			Tomber of the state of the stat	Ship Assigned
2612	on o	all a		B.P./ Pulse
			Normal Normal Normal Normal Normal	X-ray
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Special Fit / Unfit Conditions & Remarks & Remarks & Remarks DR. ART MIRS IDU, DEN. CON MIRS IDU, DEN. CO					Addl. Test
R. Remarks & Remarks & Remarks BS IDU, DFM, CCD MDC A 55144. S Shipp Argan P Radical Hospi	2			o _m ≤o	Special Conditions
				R. MIR. MI BBS (DU), DFM, CCD (MDC A-55144.) G Shippung Bangli General Pl Radical Hospi	Fit / Unfit & Remarks

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

MOSTAQUE MOHAMMAD

This is to certify that whose signature follows Date of birth 14-01-1969 Sex

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
200	DR. MIR. MD. RAIHAN MBS (DU), DFM, CCD (Birdem), PGT (Ophth), MBDC A+ 55 144, MMC- BGD- 016 DG Shipping angladesh Approved General Physician Radical Hospitals Limited.	L NO TO	S. Shah Mekhdum Avenus Utturn, Dhaka
2	DR WEST TO THE SECOND	2 10 15	
3	Magas to dy control of the miles of the magas and the maga	Angl Ane	3 4

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

MOSTAQUE MOHAMMAD

This is to certify that whose signature follows

Date of birth 14-01-1969 Sex

MALE

	has on the date indicated been vaccin	nated or revaccinated against Cholera	
Date	Signature and Professional status of vaccinator	Approved Stamp	
0200	on Dhysician	6 (Litara, Dheka	
29 AUS	Radical Hospitale Limited DR. MfR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A- 55144, MMC- BGD- 016 DG Shipping Bangtadesh Approved General Physician Radical Hospitals Limited.	S. Shah Methdam Number Others, Dick.	
3 15050 T	an Julian.	SEFOR VACCALE S.S. Shah Makhdun S. Aunous	4
1500	BMDC A-55144, Indesh Approved	Uttoria, Uttoria +	201
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- 1	MBBS (DU), DFM, CCI MMC-BGD-016 BMDC A-55144, MMC-BGD-016 DG Shipping Bangfadesh Approved General Physician Radical Hospitals Limited.	Utiere, Dhoka	
ZHIG	DR AMR. MD. RAIHAN MBBS (DU), DFM. CCD (Rirdem), PGT (Ophth) RMDC A-55144, MMC-BGD-016	St. Sheh Malchdom Avenue Uman, Dieko	8
8	General Physician Radical Hospitale Limiteu.	- ADEST	
3/11/20	MBdS :DUI DFM CCD (Birdem), PG1 (Confli) BMDC A-55144. MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	35, Shah Maldidum Avenue Uttara, Dhaka ** ** ** ** ** ** ** ** ** **	rs