



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By: BMDCC
Accreditation No. A-55144

PATIENT CONTROL NUMBER
H544

MEDICAL EXAMINATION CERTIFICATE

SURNAME ISLAM	FIRST NAME AND MD. AZHARUL	MIDDLE NAME
PLACE AND DATE OF BIRTH SATKHIRA 1-Jan-1994	PASSPORT NUMBER B00073737	SEAMAN'S BOOK NUMBER C/O/7190
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL-JHAUDANGA, PO-JHAUDANGA, PS-SATKHIRA, DIST-SATKHIRA, 9412, BANGLADESH.	CONTACT NUMBER : 01711954405 (SELF)	RANK : 1ST ASST ENGINEER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan** (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 74kg	Height (cm) 170	BM 25.6	Blood Pressure: Systolic 120mm Diastolic 80mm	PULSE: 78/min
Ear	Hearing by Audiometry	Audiometry	Hearing by Whisper Test	
Right	☐ Adequate ☐ Inadequate	500 1000 2000 3000	☐ Adequate ☐ Inadequate	
Left	☐ Adequate ☐ Inadequate		☒ Adequate ☐ Inadequate	
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐				

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6			☒	☐
Near					☒	☐

Visual acuity meets the standard laid down in STCW Code Section A-1/9
 Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 20 MAR 2024

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS			
Chest X-Ray	<u>NTB</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana ☐ Positive ☒ Negative
ECG	<u>NTB</u>	BILIRUBIN	Alcohol Test ☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E
DC (differential count)	<u>NTB</u>	SGOT	OTHERS
HAEMOGLOBIN (HGB)	<u>14.7</u>	DRUG AND ALCOHOL TEST	
ESR (WESTERGREN)	<u>05</u>	Morphine	☐ Positive ☒ Negative
WBC	<u>7000</u>	Amphetamine	☐ Positive ☒ Negative
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative
RANDOM	<u>5.2</u>	Barbiturates	☐ Positive ☒ Negative
HBA1C	<u>5.3%</u>	Cocaine	☐ Positive ☒ Negative
			HBsAg ☐ Reactive ☒ Nonreactive
			HIV / AIDS Test ☐ Reactive ☒ Nonreactive
			VDRL ☐ Reactive ☒ Nonreactive
			Blood Type
			Psychological Exam
			Others (KUB Ultrasound)

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

 Signature of Seafarer	MD. AZHARUL ISLAM Name of Seafarer	20-Mar-2024 Date
--	--	----------------------------

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duties		☐ Not fit for lookout duties	
Fit	Deck service	Engine service	Catering service
Unfit			
☒ Without restrictions		☐ With restrictions	

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

☒ Yes	☐ No
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Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date: 20 MAR 2024	Valid Until: 19 MAR 2025
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DR. MIR MD. RAHAN
 Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Medical Information: (医療情報) * Please check the appropriate items.
該当する二箇にノ印を記入して下さい。 *

1. ALLERGIES: (アレルギー)
☐ Urticaria (じんましん)
☐ Asthma (ぜんそく)
☐ Other (その他)
☐ Drug allergies (name): (薬品名)
☐ Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)
(1) Past serious illness: (主な既往症) Age (年齢)

(2) Surgery: (手術) When? (時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)
Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

4. DAILY LIFE HABITS: (日常生活)

- (1) Alcohol intake: (飲酒)
☐ Do not drink (飲まない)
☐ Drink 2-3 times a week (週に2~3回) ☐ Drink every evening (毎日)
☐ Heavy drinker (強い) ☐ Moderate drinker (中程度) ☐ Light drinker (弱い)

(2) Smoking: (喫煙)

- ☐ Never smoke (吸わない)
☐ Quit smoking in 19...年...月...日平均...年以前に禁煙
☐ Smoke ☒ Regular (規則的) ☐ Irregular (不規則) ☐ Constipated (便秘)

(3) Bowel movements: (排便)

- ☐ Regular (規則的) ☐ Irregular (不規則) ☐ Constipated (便秘)

(4) Dietary preferences: (食事の好み)

- ☐ Salty (塩辛い) ☐ Meat (肉類) ☐ Fish (魚類)
☐ Sweet (甘い) ☐ Only (脂っこい)

(5) Exercise: (運動)

- ☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)

(6) Sleep: (睡眠)

- ☐ Sleep well (良く寝る) ☐ Have Sleeplessness (眠れない)
☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重)

- ☐ Constant (変わらない) ☐ Putting on weight (太ってきた)
☐ Losing weight (やせてきた)

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bdtem), PGT (Opth)
BMDG A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

20 MAR 2024



5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

☐ Heart disease (心臓病)	F	M	B	S
☐ Cancer: part (癌/部位)	F	M	B	S
☐ Diabetes (糖尿病)	F	M	B	S
☐ Hypertension (高血圧症)	F	M	B	S
☐ Cerebral Apoplexy (脳卒中)	F	M	B	S
☐ Liver disease (肝臓疾患)	F	M	B	S
☐ Other: Name of disease (病名)	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で記載)

Date: 20 MAR 2024 Signature: (署名) [Signature]
(Card holder) (本人)



<PRIVATE>

MEDICAL RECORDS

(Write in block letters)



Name of Company: _____ Tel: _____ Fax: _____ Nationality: BANGLADESHI
(所属会社) (国籍)

Name: MD. ABIMUHAMMAD given name (名) family name (姓) sex: (性別) MF
(氏名)

Name of Position: MBE Date of Birth: 02-01-94
(職位) (生年月日) (D-M-Y)

Height: (身長) 170 cm Weight: (体重) 74 kg age 20: (20才時) _____ kg
Pulse: (脈拍) 78 min Normal breathing rate: (正常呼吸数/分) 14 min Normal temperature: (平熱) _____ C
(脈拍/分)

Blood pressure: (血圧) 100/80 mmHg Blood type: (血液型) OT Rh () Single Married (独身/既婚)

Blood sugar: (血糖値) _____ mg/dl X 0.05625 = () mmol/l
Uric acid: (尿酸値) _____ mg/dl X 0.05914 = () mmol/l

[Signature]

DR. MIR. MD. RAIHAN
LIBBS (DU), DPM, CCD (Bulsem), PGT (Ortho)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospital's Limited





DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD. AZHARUL ISLAM

RANK : 1ST ASST ENGINEER

CDC NO : C/O/7190

DOB : 01-Jan-1994

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	☐	☒
2 Are you suffering from any heart-related complications?	☐	☒
3 Are you a diabetic ?	☐	☒
4 If you are diabetic, do you need injections of insulin for diabetes?	☐	☒
5 Have you ever had a stroke, or unexplained loss of consciousness?	☐	☒
6 Have you ever been treated for a mental or nervous problem?	☐	☒
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	☐	☒
8 Do you have any hearing difficulties or are you using any hearing aid?	☐	☒
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	☐	☒
10 Are you aware of any other health condition that could affect your fitness for seafaring employment *	☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel. I will bear all the expenses as may incur as a direct result of such concealment.

Date : 20 MAR 2024

Signed :

The Crew Member

* If yes, mention details below:-

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
UG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO : 24030502

Date : 20/03/2024

Patient's Name : MD.AZHARUL ISLAM

Age : 30Y 2M 19D

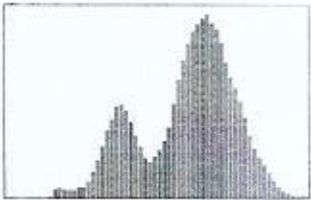
Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM -C/O/7190

Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	14.7 g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	05 mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	7,900 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	64 %	(40 - 75)%	
Lymphocytes	29 %	(20-45)%	
Monocytes	04 %	(2-10)%	
Eosinophils	03 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSINOPHIL COUNT	237 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	163,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	15.4 fL	7.0 -11.0 fL	
PDW-CV	16 %	10 - 18 %	
PCT	0.19 %	0.10 - 0.28	
P-LCR	60.2 %	9.00 - 45.00%	
P-LCC	74 x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	5.78 m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	48.8 %	M: 40-54%, F: 37-47%	
MCV	84.4 fL	76-94 fL	
MCH	25.4 pg	27-32 pg	
MCHC	30.1 g/dL	29-34 g/dL	
RDW SD	52 fL	30.0-57.0 fL	
RDW CV	18.3 %	10-16%	

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

Dr. Sumaiya Khatun
MBBS,MD (Gold Medilist) (BSMMU)
Associate Professor
Dept.Of Microbiology
East West Medical College & Hospital.

Bill No	DIA24030502	Received Date	20/03/2024
Patient's Name	MD AZHARUL ISLAM		
Patient's Age	30Y 2M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7190
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.7 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.60 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
Serum AST (SGOT)	21.0 U/L	Up to 37 U/L
HbA1C	5.3 %	4.0- 6.0 %

REMARKS (IF ANY)

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Bill No	DIA24030502	Received Date	20/03/2024
Patient's Name	MD AZHARUL ISLAM		
Patient's Age	30Y 2M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7190
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
BLOOD GROUPING RESULT	
ABO Blood Group	"O" (+ve)
Rh (D)Factor	Positive

Checked By

Medical Technologist,
Radical Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Bill No	DIA24030502	Received Date	20/03/2024
Patient's Name	MD AZHARUL ISLAM		
Patient's Age	30Y 2M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7190
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	0-2/HPF

CHEMICAL EXAMINATION CASTS / LPF

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

Bill No	DIA24030502	Received Date	20/03/2024
Patient's Name	MD AZHARUL ISLAM		
Patient's Age	30Y 2M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7190
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
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist.
Radical Hospital Ltd.

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



REF: MV. ONE MACKINAC

DATE: 20/03/2024

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

EYE EXAMINATION REPORT

NAME: MD AZHARUL ISLAM

RANK: 1A/ENG

CDC NO: C/O/7190

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

RADICAL

COLOUR VISION: NORMAL / ~~BLIND~~OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: 24020576

20-03-2024 14:53:57

Mr. Almaraz

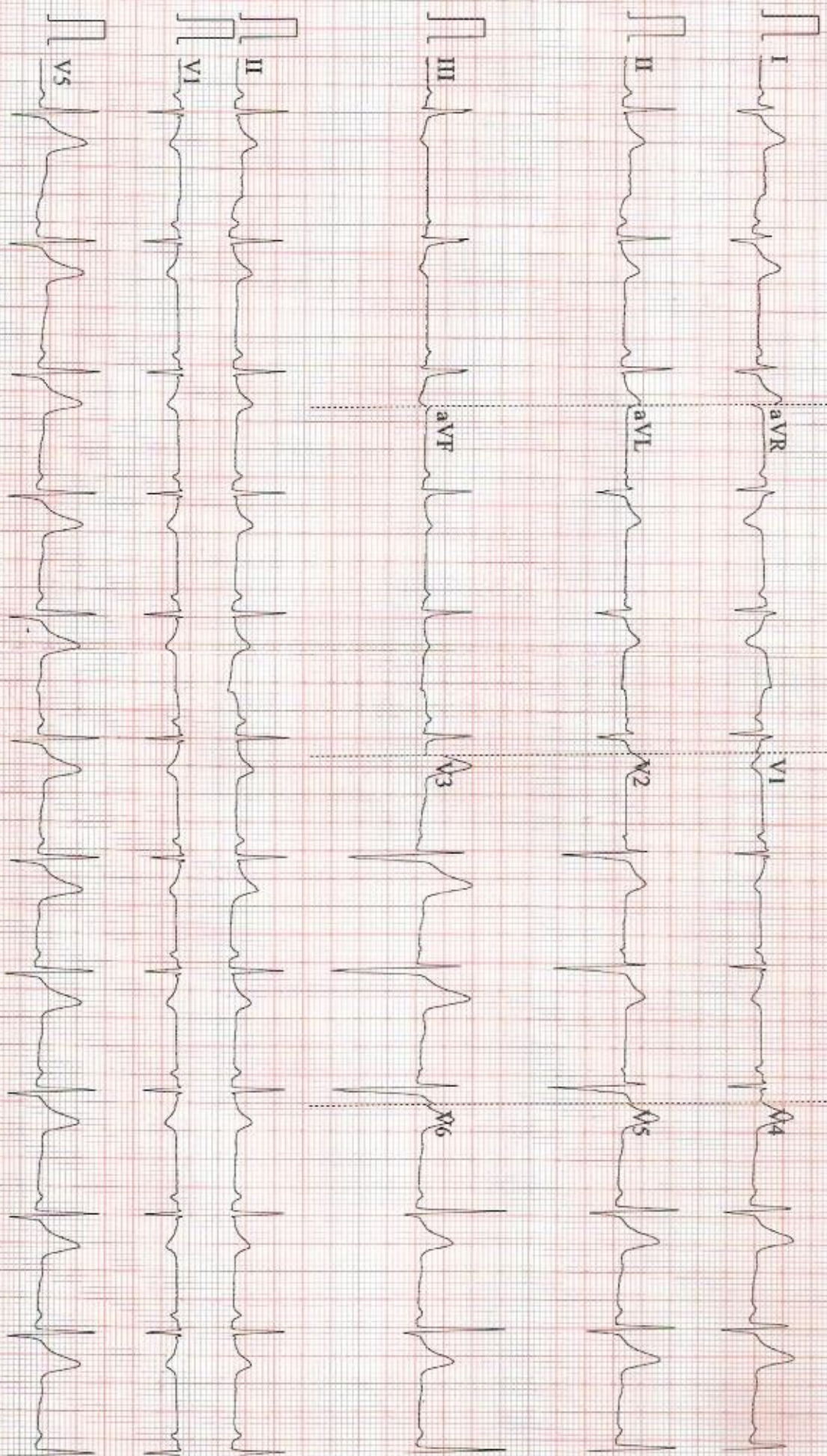
Male 30 Years

Diagnosis Information:

Sinus rhythm
Normal ECG

HR : 68 bpm
P : 96 ms
PR : 130 ms
QRS : 88 ms
QT/QTc : 360/383 ms
P/QRS/T : 57/86/16 °
RV5/SV1 : 1.047/0.581 mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030502 Receive: 20/03/2024 Print: 20/03/2024
Patient's Name : MD AZHARUL ISLAM
Age : 30 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

This report has been electronically signed.

Page of 1

Completed by Company's M.O.

[illegible]

DR. M.R. MD RAIHAN
MBBS (DU) DML CCQ (Bdgm), PGD (Gyn)
BNMC A-55144. MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

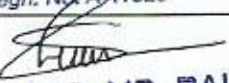
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

AGAINST CHOLERA

Mr. Ashraf U. Khan
This is to certify that
whose signature follows

Date of birth 01-01-1994 Sex Male

4/2 has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 21 DEC 2020	 DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
2 13 DEC 2021	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
3 41 SEP 2022	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
5 26 JUN 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
7 20 MAR 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
8		

Continued overleaf Suite our erso