

HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880 31 716214-6, Fex: +880 31 710530 Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER: H031168

MEDICAL EXAMINATION CERTIFICATE

1	G. NO. P						7.7	-
SURNAM	REDOY	FIRST N				MIDDLE NAME		
PLACE A	ND DATE OF BIRTH	PASSPO	MD NA RT NUMBER	ADIM		PARVEZ SEAMAN'S BOOK NUMBER		
	MILLA 9-Oct-2002	FAGGEO		57594		SEAMAN S BO	CO11671	
NATIONA		☑ Male	☐ Female		YPE: CH	IEM. TANKER TR	ADING AREA: WO	ORLD WIDE
	ENT HOME ADDRESS:	A 31V 3 VA 3 VA 2 LABOR 9	V			ACT NUMBER :	01739-397391,	
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BANGARA	A-3543, CUMILLA, CHITTAGONG, B	ANGLADES	SH		TO MAIN	*	AFF.ENG	INCER
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паve y	ou ever had any of the following cor	iditions?	48					
	Condition	YES	NO/	Condit	ion	_	YES	NO.
1	Eye/vision problem		61		roblems			No.
2	High blood pressure		1	19 Do you	smoke?			Z.
3	Heart/vascular disease		A	20 Operati	ion/surger	ry.		
4	Heart surgery				y/seizures			6/
5	Varicose veins		10/	22 Dizzine	ss/fainting	g		41
6	Asthma/bronchitis		1	23 Loss of	consciou	isness		1
7	Blood disorder		.9/	24 Psychia	atric proble	ems		
8	Diabetes		4	25 Depres	sion			401
9	Thyroid problem		10/		ted suicid	e		4
10	Digestive disorder		0,	27 Loss of	memory			Q ,
11	Kidney problem		19	28 Balance	e problem	1		0
12	Skin problem			29 Severe	headach	es		D/
13	Allergies		001	30 Ear/nos	se/throat	problems		4
14	Infectious/contagious diseases		1/	31 Restrict	ted mobili	ity		0
15	Hernia		1/	32 Back pr	roblems			.9/
16	Genital disorders		alla	33 Amputa				6/
17	Pregnancy		/Y/1/	34 Fracture	es/disloca	ations		4
36 37 38 39 40 41	Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever to Are you aware that you have any to Do you feel healthy and fit to p Are you allergic to any medication	t for sea dut been restrict medical prob erform the	ed or revoked plems, disease	es or illnesses?		cupation?	0 0 0 0	SON SON
Comm			ONDOAR	n eun i			U	1
	pres m	ME DUIT	UN BUAR	ואוופט				
				- 60				
42	Are you taking any non-prescription							
If yes,	please list the medications taken and	the purpos	e(s) and dosa	ge(s)			10	100
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				V-24-7				
Lhorob	y authorize the release of all my pre-	vious modia	al recordo from	any books or	ofocolona	de haelth institut	and and subfaced	reition
to Dr. M	dir Md. Raihan (approved medical pr	ractioner) La	al records from	my history cor	otessiona ntained ab	nove is true and a	ons and public authors	vill
	lify me from my employment, benefit						ily laise statement i	
	Nadim							
_	Signature of Seafarer	•						
MEDICAL	EXAMINATION							
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rreign	Sold in the state of the state	DIVE SU	Dioou Fresse	ire. Oystolicy 2	rong	ABRESTOILE / ON	n) rouse year	1111
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Left	☐ Adequate ☐ Inadequate		111				dequate	100
			VVI	-		/		
Hearing	g meets the standards as laid down i	in STCW Co	de Section A-	1/9 ? YES	-0	NO		
		-		-				

Defective Defective Right eye Right eye Right eye Left eye Right eye Righ		1	Jnaided V	isual acuity	Α:	dad			Visual	fields
Distant Near			110101010101010101	e . Pinh					Normal	Defective
Normal Defective Defecti	Distant	6/1	12/1	5 Ngii	. oje	Con eye	_	eve .	1	
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Date of last colour vision test: Date (day/month/year) 2.5 APR 2003 Date of last colour vision test: Date (day/month/year) 2.5 APR 2003 Head					/ Code	Section A-1/5	YES /			
Head Normal Abnormal Varicose veins Normal Abnormal Normal Abnormal Varicose veins	Colour visio	n as per STC	W CODE Sec	tion A-I/9:	P	Normal	☐ Doubt	ful	☐ Defective	
Head Sinuses, nose, throat Mouth/teeth Ears (general) Mouth/teeth Bars (gen	Date of last	colour vision	test: Date (day	//month/year	_25	APR ,2023				
Head Varicose veins Vascular (inc. pedal pulses) Mouth/teeth Park Vascular (inc. pedal pulses) Mouth/teeth				-	,				3 -64	
Sinuses, nose, throat MouthVeeth Ears (general) Hernia Andomen and viscera Hernia Anus (not rectal exam) Upper and lower extremities Pypulis Eye S Opthalmoscopy Upper and lower extremities Spine (CS, TS, and LVS) Usper and lower extremities Pypulis Eye movement Neurologic (full brief) Reast examination General appearance Skin Chest X-Ray BIO CHEMICAL (LIVER FUNCTION TEST) Marijuana EGG BILIRUBIN BLOOD RIE SGPT URINE RIE URINE RIE DCIdifferential count) HAEMOGLOBIN (HGB) SGOT HAEMOGLOBIN (HGB) SGOT HAEMOGLOBIN (HGB) SGOT Morphine UPositivy Morphine BLOOD SLUCOSE LEVEL Phencyclidine BLOOD SLUCOSE BLOOD SLUCOSE	Head			Normal					N	
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Lungs and chest Breast examination Heart Breast examination Heart Broad Examination Br				14/					,	
Breast examination Heart General appearance Ge				Y no				6		
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Chest X-Ray	Heart			100					023	
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Morphine			in			21	-			
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reby I declare that I am in knowledge of the contents of the Physical examinations: MD NADIM PARVEZ REDOY 2.5 APR 2023		7	5/	The state of the s		D Positive	Negative		al Evene	10416
reby I declare that I am in knowledge of the contents of the Physical examinations: MD NADIM PARVEZ REDOY 2.5 APR 2023			50							WAY TO
mature of Seafarer Name of Seafarer Name of Seafarer Date Decision of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minee medically: Fit for lookout duties Deck service Engine service Catering service Other services Without restrictions With restrictions With restrictions Deck service or to render the seafarer unfit for such service or to anger the health of other persons on board? Yes No On taken by medical examiner (e.g., referral):			-5/					Tomerativop	Onida /	TEX
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sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minine medically: Pit for lookout duties	nature of Sea	farer		1	200				_	
the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minee medically: Fit for lookout duties							- constant		- Ward	Date
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scribe restrictions (e.g., specific position, type of ship, trade area): ion taken by medical examiner (e.g., referral):	he Seafarer fr	ee from any r	medical conditi	ons likely to l	be aggr	ravated by se	rvice at sea or t	o render the c	eafarer unfit for	cuch consiss or to
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					trade a	rea):				*
Fitness Date: 2 3 AFR 2025			97574 95	HOMESTANDS		-			21.100	0000
Line	Fitness Date:		L J AF	K LULJ		1/11			L4 APK	2025
						1				
Name and Sonature of Authorized Physician	12. 10			MOD	C (DU), E	55144 MM	nogzęd Physici C-BGD-016			

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Revision: 5.1

Revision Date : 24th July 2022

	MEDICAL CERTIF	ICATE F	OR PEI	RSONNEL SERVICE	ON BO	ARD
SURNAME: REDOY			GIVEN N	NAME (S): MD NADIM PAR\	/EZ	
DATE OF BIRTH: DAY 09 MONTH	10 YEAR 2002			OF BIRTH UMILLA COUNTRY BANG	SIADESH	SEX MALE FEMALE
POSITION ON BOARD:	10 TEAR 2002		5.000000000			MACE E PEMACE
MASTER DECK OFFICER ENGINEERING OFFICE RADIO OPERATOR RATING			JOLIL N	ADDRESS OF APPLICANT: MEMBER BARI, DOWLBAF LA, BANGORA BAZAR JRA-3543, CUMILLA LA		n, 1
DECLARATION OF THE	AUTHORIZED PHYSICIA	AN		1		
	VISION			COLOR TEST TYPE		HEARING
	WITHOUT GLASSES	WITH GL	ASSES ,	D BOOK		
RIGHT EYE	666	8	- '	YELLOW RED A	12 RIG	HT EAR MAN
LEFT EYE	660		-	GREEN BLUE	124 LET	TEAR MAN
Confirmation that identific	ation documents were che	ecked at the	point of ex	capatipation: YES NO		
Hearing meets the standa	ards in STCW Code, Secti	ion A-1/9? Y	res 🗾	NO NOT AP	LICABLE	
Unaided hearing satisfact	tory? YES NO			1		
Visual acuity meets stand	dards in STCW Code, Sec	tion A-1/9?	YES 🖊	/ NO 🗆		
(the visual test it is requir	dards in STCW Code, Sec ed every six years) ion test: (Day/Month/Year	2 :	S'APR 2	023 NO 🗆	1	
Are glasses or contact lea	nses necessary to meet th	e required v	ision stand	lards? YES NO NO		
Able for watchkeeping? Y	ES NO					
Is applicant taking any no	n-prescription or prescript	ion medicati	ions? YES	O NO D		
	any medical condition likel her persons on board? YE		avated by	service at sea or to render the	seafarers	unfit for such service or to
Hereby I declare that I an	n in knowledge of the cont	ents of the P	hysical Ex	amination.		160
Nadim			MD NAD	, IM PARVEZ REDOY		2 5 APR 2023
Signature of	Applicant		Name of Applicant			Date
CIRCLE APPROPIATE ENGINEERING OFFICER	CHOICE: ##E / SHE) IS R / RADIO OPERATOR / F	S FOUND TRATING) (W	TO BE (F	11/ NOT FIT) FOR DUTY NY/WITH THE FOLLOWING	AS A (MA	ASTER / DECK OFFCIER /
	H	FOR D	UTY ON	BOARD SHIP		
NAME AND DEGREE OF	PHYSICIAN: DR. MIF	MD. RAIL	HAN; M.E	3.B.S(D.U.), REG. NO. A-5	5144	20. 1 20. 1
ADDRESS: REDICAL HO	SPITALS LIMITED 35, S	НАН МАКН	DUM AVE	NUE ,SECTOR-12 UTTARA,	DHAKA-1	230. BANGLADESH
NAME OF PHYSICIAN'S	CERTIFICATING AUTHO	RITY: DG S	HIPPING I	BANGLADESH	2000	0.51 5 3
DATE OF ISSUE PHYSIC	CIAN'S CENTIFICATE: 0	6-05-2014		al Hospital		
SIGNATURE OF PHYSIC	CIAN THE .		STAMP (DF PHYSICIAN As Per-MI (2900)	(1)	DATE: 2 5 APR 2023
EXPIRY DATE OF CERT	IFICATE:	21	APR 2	025		
	This cer	rtificate is issi	ued in comp	liance with the Parth Durantage	1	
MBBS BM	R. MIR. MD. RA S (DU), DFM. CCD (Birdem), PG DC A-55144, MMC-BG Shipp.ng Bangladesh Ap General Physician Radical Hospitals Limite	IHAN ST (Ophth) SD-016 oproved	атепаей а	nd the Maritime Laboration and	on, 2006.	



Id No : 0580

Patient's Name: MD NADIM PARVEZ REDOY

Date: 25-Apr-2023 Age: 20Y 4M 16D

D.Date: 25-Apr-2023

Gender: Male

Specimen

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

CDC NO:C/O/11671

Haematology Report

Parameter Name	Results	Reference Range	
Hemoglobin (Hb) ESR(Westergreen)	16.8 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.	
	09 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	1
Total WBC Count(TC) Differential WBC Count (DC)	7,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Neutrophils	72 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	24 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %	W BC CURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	I.
Basophils	00 %	Adult: 00-01 %	A .
Total Cir. Eosinophils	140 /cumm	50-450/cumm	
Total RBC Count	5.66 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	43.9 %	M: 40-54%, F:37-47%	
MCV	77.6 fL	76 - 94 fL	
MCH	29.7 pg	27 - 32 pg	
MCHC	38.3 g/dL	29 - 34 g/dL	RBC CURVE
RDW	13.6 %	11 - 16 %	
PDW	14.4 fL	35 - 56 fl	
Total Platelete Count (PC)	2,01,000 /cumm	150,000-450,000/cumm	
MPV	9.2 fL	7.0 - 11.0 fL	
PCT	0.185 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	d litters.

Checked By Medical Technologist

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



Bill No	DIA23040580	Received Date	25/04/2023
Patient's Name	MD NADIM PARVEZ REDOY		
Patient's Age	20Y 4M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(I	BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11671
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.6 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum ALT (SGPT)	33 U/L	Up to 40 U/L
HbA1C	5.5 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun M BBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Bill No	DIA23040580	Received Date	25/04/2023
Patient's Name	MD NADIM PARVEZ REDOY		
Patient's Age	20Y 4M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM	I),PGT(Eye),DFM	CDC NO:C/O/11671
Sample	BLOOD	200 200 40 50 500 500 120	

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive

OOD GROUPINGResult		
ABO Blood Group	"B" (+ve)	
Rh(D)Factor	Positive	**********

hecked By

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



Bill No	DIA23040580	Received Date	25/04/2023
Patient's Name	MD NADIM PARVEZ REDOY		
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	RDEM),PGT(Eye),DFM	CDC NO:C/O/11671
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance,	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	0-2/HPF

CHEMICAL EXAMINATIONCASTS / 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 Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital

Test Name



Bill No	DIA23040580	Received Date	25/04/2023
Patient's Name	MD NADIM PARVEZ REDOY		
Patient's Age	20Y 4M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11671
Sample	URINE		2000 002 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	/ Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya 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: MT. GINGA LEOPARD

DATE: 25/04/2023

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

EYE EXAMINATION REPORT

NAME: MD NADIM PARVEZ REDOY RANK: APP ENG CDC NO: C/O/11671

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

616

AIDED

COLOUR VISION:

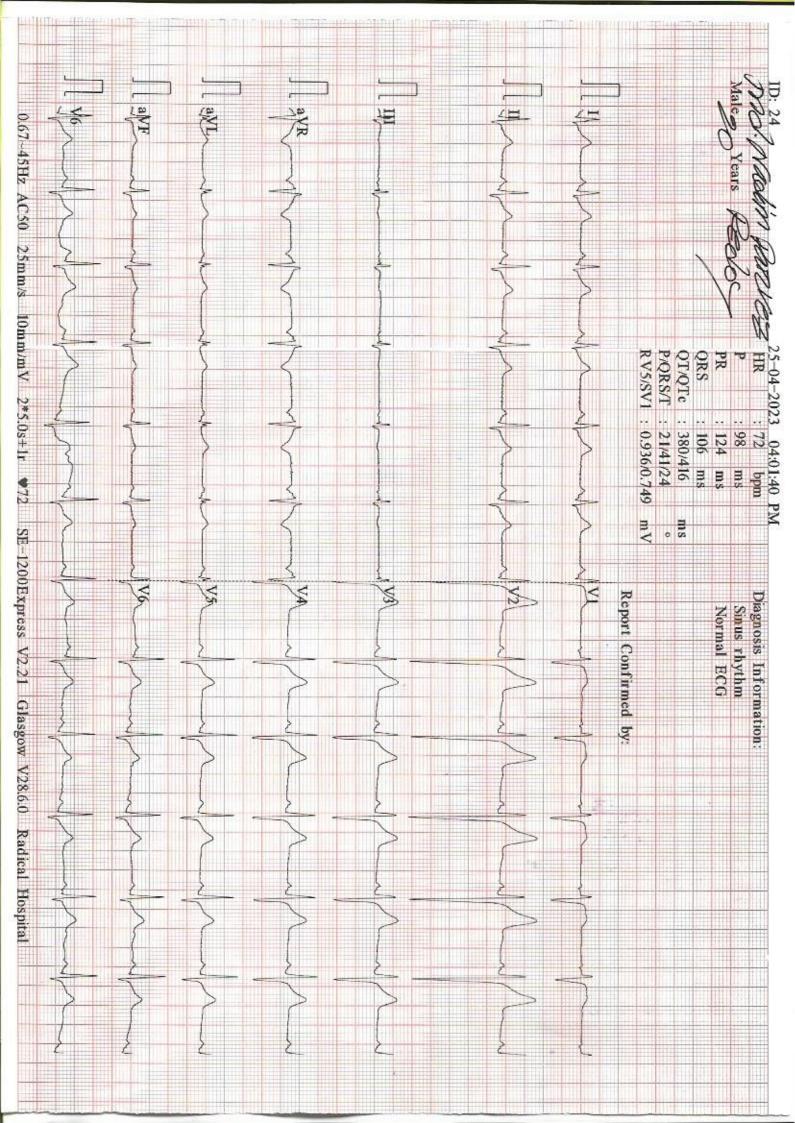
NORMAL / BLIND

OPINION

LINETE / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX)

East west Medical College & Hospital





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. :

23040580

Receive: 25/04/2023

Print: 25/04/2023

Patient's Name

MD NADIM PARVEZ REDOY

Age

20 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.

A-KAY OF CRESCOUGLIAL

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



Patient ID	23040580		
Test Name		Voucher No	
	MD NADIM PARVEZ REDOY	Delivery Date	25/04/2023
Age	20 Yrs	0	
Refd. By	Dr. Mir Md. Raihan MBBS (DU	Sex	Male

THANK YOU FOR THE COURTESY OF THIS REFERRAL

BOTH KIDNEYS: - Are normal in size regular in shape. RK-9.5cm, LK-10.4cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

URINARY BLADDER: Is well filled. Wall thickness is within normal limit. No intravesicle lesion is seen Prostate: Normal size regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Normal Study.

Sonologist

Dr. Asma Ahmed MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training in TVS, Anomaly Scan

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

MD NRDIM PARVEZ REDOY
This is to certify that whose signature follows

MD NRDIM PARVEZ REDOY
Date of birth 09-10-2002 Sex Male

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
LOHE S	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.	L NO O DAKAR O	SS, Shuh Makhdum SS Avenue Uttere, Dhelta
	~ ~		~ ~
2	DESCRIPTION AND DESCRIPTION OF THE PROPERTY OF		

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 MD NADIM PARVEZ REDOY This is to certify that whose signature follows has on the date indicated been vaccinated or revaccinated against Cholera Date Signature and Professional Approved Stamp status of vaccinator DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Padical Magnitude Limited MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited. 3 3 4 5 5 6 7 8 8

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