HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER:
HS5937FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
AKBAR	A.T.M.	MASUDUL
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
LAKSHMIPUR 13-Feb-1990	A02323316	CO5937

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : CONTAINER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
VILL-NOAGAON, PO-NOAGAON BAZAR, PS-RAMGANJ, DIST-LAKSHMIPUR, BANGLADESH.

CONTACT NUMBER : +8801671337670 (SELF)

RANK : CHIEF 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	☐	N/A	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?	☐	☑

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 practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

A.T.M. Akbar

Signature of Seafarer

MEDICAL EXAMINATION

Weight 78kg Height (cm) 173 BMI 26.0 Blood Pressure: Systolic 120 mg Diastolic 80 mg PULSE: 78 /m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☑ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☑ NO ☐

Cont'd from page 1

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-I/9 YES / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 09 SEP 2023

	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	☑	☐
Opthalmoscopy	☑	☐	Upper and lower extremities	☑	☐
Pupils	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Eye movement	☑	☐	Neurologic (full brief)	☑	☐
Lungs and chest	☑	☐	Psychiatric	☑	☐
Breast examination	N/A	☐	General appearance	☑	☐
Heart	☑	☐	Skin	☑	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	N/D	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☑ Negative
ECG	N/D	BILIRUBIN	0.6		Alcohol Test	☐ Positive	☑ Negative
BLOOD R/E		SGPT	34		URINE R/E		N/D
DC(differential count)	N/D	SGOT	28		OTHERS		
HAEMOGLOBIN (HGB)	15.8	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactiv	☑ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐ Positive	☑ Negative	HIV / AIDS Test	☐ Reactiv	☑ Nonreactive
WBC	7,200	Amphetamine	☐ Positive	☑ Negative	VDRL	☐ Reactiv	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☑ Negative	Blood Type		
RANDOM	5.3	Barbiturates	☐ Positive	☑ Negative	Psychological Exam		
HBA1C	5.2	Cocaine	☐ Positive	☑ Negative	Others(KUB Ultraso		

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

Signature of Seafarer

A.T.M. MASUDUL AKBAR
Name of Seafarer

09 SEP 2023
8-Sep-2023
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

	Deck service	Engine service	Catering service	Other services
Fit	☐	☑	☐	☐
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
☐	☐

Describe restrictions (e.g., specific position, type of ship, trade area):

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

Fitness Date: 09 SEP 2023 Valid Until : 08 SEP 2024

Name and Signature of Authorized Physician

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

Medical information: （医療情報） * Please check the appropriate items.
該当する二欄にノ印を記入して下さい

1. ALLERGIES: （アレルギー） ☐ Urticaria (hives) （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_____, （19_____年に禁煙） ☐ Smoke _____ cigarettes a day （1日平均 _____ 本吸う）

(3) Bowel movements: （便通） ☐ Regular （規則的） ☐ Irregular （不規則） ☐ Constipated （便秘）

(4) Dietary preferences: （食事の好み） ☐ Meat （肉類） ☐ Fish （魚類） ☐ Salty （塩辛い） ☐ Sweet （甘い） ☐ Oily （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 （良く眠る） ☐ 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 （変わらず） ☐ Putting on weight （太ってきた） ☐ Losing weight （やせてきた）

09 SEP 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.

Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ As Per-MLC-2006

日本財団 補助
The Nippon Foundation

<PRIVATE>

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MEDICAL RECORDS
(Write in block Letters)

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

Name: A.N.M MASUDUL AKBAR Sex: (性別) M/F
(氏名) given name (名) family name (姓) (男/女)

Name of Position: CH. ENGR Date of Birth: 13-02-90
(職種) (生年月日) (D - M - Y)

Height: (身長) 173 cm Weight (体重) 78 kg/at age 20: (20才時) _____ kg

Pulse: 78 /min Normal breathing rate: 19 /min Normal temperature: _____ C
(脈拍/分) (正常呼吸数/分) (平熱)

Blood pressure: 120/80 Blood type: A+ /Rh (+) Single/Married
(血圧) (血液型) (独身/既婚)

Blood sugar: (血糖値) _____ mg/dl × 0.05625 = (_____ mmol/l)

Uric acid: (尿酸値) _____ mg/dl × 0.05914 = (_____ mmol/l)

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、英語で簡潔に)

Date: 09 SEP 2023 Signature (署名) _____
(Card holder) (本人)

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

Radical Hospitals Ltd.
Approved by DG Department of Shipping
03-Per-MLC-2006

HAQUE & SONS LTD

DECLARATION OF HEALTH BY CREW

NAME OF CREW : A.T.M. MASUDUL AKBAR RANK : CH. ENG

CDC NO : C/O/5937 DOB : 13-Feb-1990

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 cotnplications?		✓
3	Are you a diabetic ?		✓
4	If you are diabetic, do you need injectio.ns of insulin for diabetes?		N/A
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 *		✓

Ideclare that Iread above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowlede. true and complete. Ialso declare that Iam 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 Imay have concealed before joining vesse,I ?nd will bear all the expenses as may incur as a direct result of such concealment.

Date : 09 SEP 2023

Signed :

The Crew Member

* If yes, mention details below:-

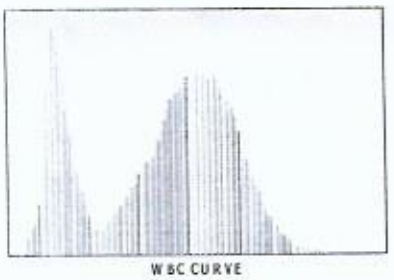
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 0327	**Date :** 08-Sep-2023	**D.Date :** 08-Sep-2023
Patient's Name : A T M MASUDUL AKBAR	**Age :** 33Y 0M 8D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM- CO 5937		

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.8** 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.
ESR(Westergreen)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**7,800** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**65** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**29** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**03** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**03** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cr. Eosinophils	**234** /cumm	50-450/cumm
Total RBC Count	**5.21** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**42.0** %	M: 40-54%, F:37-47%
MCV	**80.6** fL	76 - 94 fL
MCH	**30.3** pg	27 - 32 pg
MCHC	**37.6** g/dL	29 - 34 g/dL
RDW	**13.0** %	11 - 16 %
PDW	**15.9** fl	35 - 56 fl
Total Platelete Count (PC)	**1,90,000** /cumm	150,000-450,000/cumm
MPV	**8.4** fL	7.0 - 11.0 fL
PCT	**0.118** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %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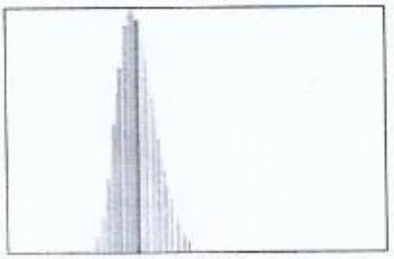
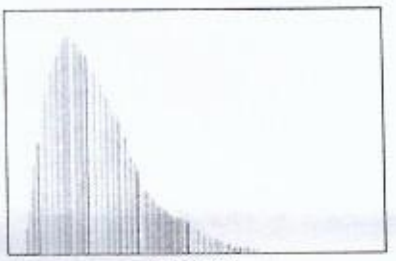

RBC CURVE


PLT CURVE

Checked By
Medical Technologist

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23090327	Received Date	08/09/2023
Patient's Name	A T M MASUDUL AKBAR		
Patient's Age	33Y 0M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5937
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	28.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	34.0 U/L	Up to 40 U/L
HbA1C	5.2 %	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 Technologist
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23090327	Received Date	08/09/2023
Patient's Name	A T M MASUDUL AKBAR		
Patient's Age	33Y 0M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5937
Sample	BLOOD		

SEROLOGYCAL REPORT

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

BLOOD GROUPINGResult

ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

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Bill No	DIA23090327	Received Date	08/09/2023
Patient's Name	A T M MASUDUL AKBAR		
Patient's Age	33Y 0M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5937
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic 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 Technologis
Radical Hospitals Ltd.

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

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RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23090327	Receive:08/09/2023	Print: 08/09/2023
Patient's Name	:	**A T M MASUDUL AKBAR**		
Age	:	33 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.

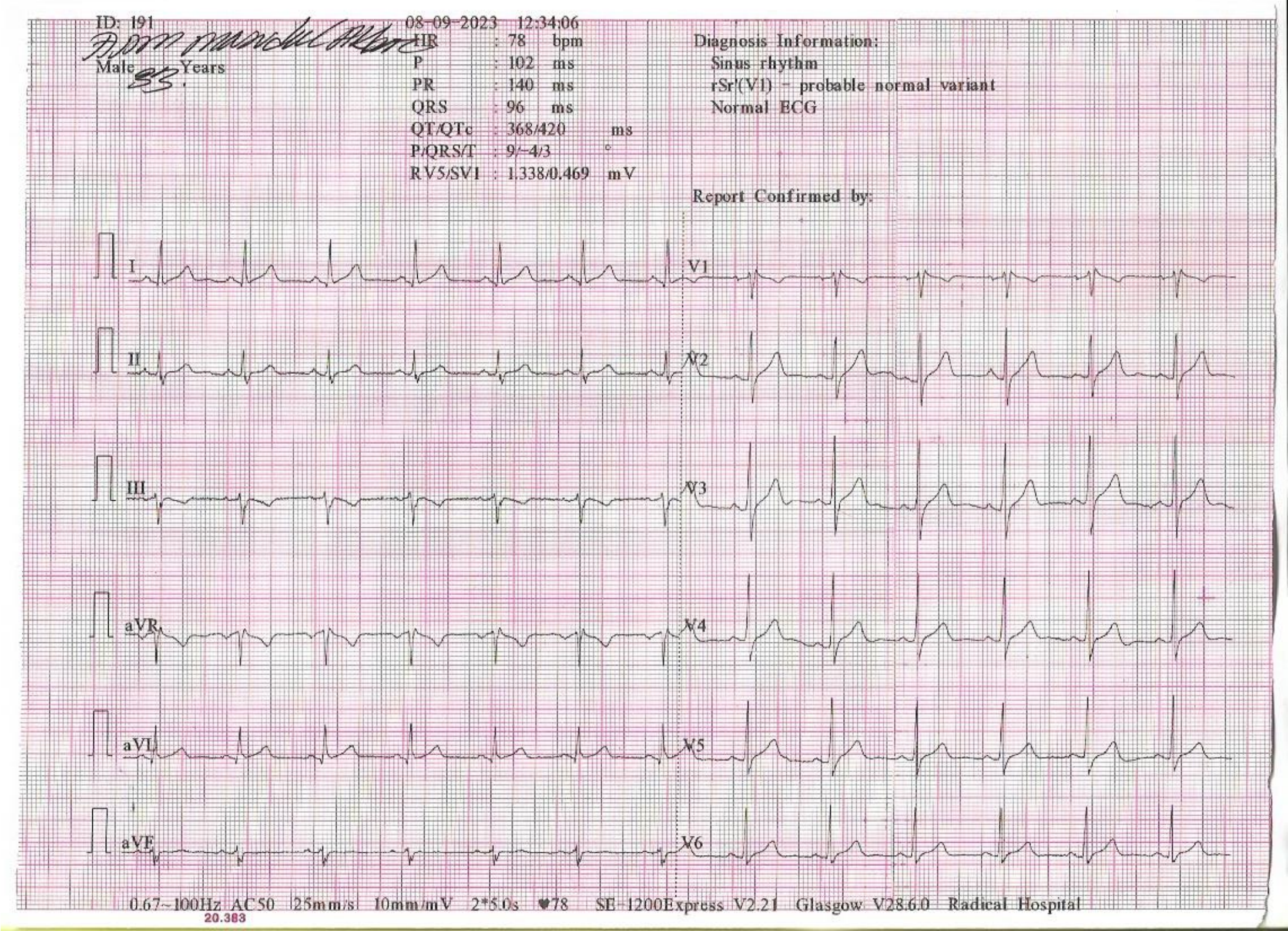
Lung : Lung fields are clear.

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.


ID: 191
08-09-2023 12:34:06
Male 83 Years
HR : 78 bpm
P : 102 ms
PR : 140 ms
QRS : 96 ms
QT/QTc : 368/420 ms
P/QRS/T : 9/-4/3 °
RV5/SV1 : 1.338/0.469 mV
Diagnosis Information:
Sinus rhythm
rSr'(V1) - probable normal variant
Normal ECG
Report Confirmed by:
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥78 SE 1200Express V2.21 Glasgow V28.6.0 Radical Hospital
20.383

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

REF:	MV. ONE MEISHAN	DATE: 08/09/2023

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

EYE EXAMINATION REPORT

NAME:	A T M MASUDUL AKBAR	RANK: CH.ENG	CDC NO: C/O/5937

VISUAL ACUITY:	RIGHT	LEFT
UNAIDED	6/6	6/6.
AIDED		

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

Pre-Joining Medical Report to be Completed by Company's M.O.

Date of Exam	Ship Assigned	B.P./ Pulse	Pathological investigations							Addl. Test	Special Conditions	Fit / ~~Unfit~~ & Remarks	Doctor's Sign.
			X-ray	ECG	Urine	Blood	LFT	Creatine	USG				
02 JUN 2021	MV ONE HOUSTON	120/80 mm Hg 78/-	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL						
27 JAN 2022	MV. MEGHNA BRIDGE	PULSE 78/- BP. 120/80 mm	23 ROZ	23 ROZ	23 ROZ	23 ROZ	23 ROZ						
11 SEP 2022	MV. PEARL RIVER BRIDGE	BP 120/80 mm PULSE 78/-	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL						
20 NOV 2022	MV. ONE MAKUNAR	BP 120/80 mm PULSE 78/-	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL						
09 SEP 2023	MV. ONE MEGHNA	PULSE 78/- BP. 120/80 mm	23 ROZ	23 ROZ	23 ROZ	23 ROZ	23 ROZ						

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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows } Date of birth 13/02/1990 Sex Male

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
20 NOV 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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
2 09 SEP 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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
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