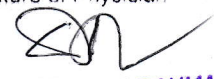


The acceptance or failure of the medical tests is based upon the American Club Pre-Employment Medical Examination—Acceptance Guidelines

Name of Medical Clinic: Address of Medical Clinic: Contact Phone: Contact Fax:	SABA DIAGNOSTIC CENTER Taher Chamber, 10, Agrabad C/A, Chattogram Date:	Signature of Physician 
Name and Degree of Physician:	031715678	DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong.
Name of Physician's Licensing:	DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) SABA DIAGNOSTIC CENTRE TAHER CHAMBER 10 AGRABAD C/A, CHITTAGONG.	Official Seal No. 4-11820 Regn. No. 4-11820 applicable;
Date of Issue of Physician's License:	23-02-1984	
Date of Examination:	22 NOV 2020	