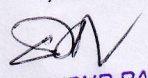


The acceptance or failure of the medical tests is based upon the American Club Pre-Employment Medical Examination—  
Acceptance Guidelines

Name of Medical Clinic: Address of Medical Clinic: Contact Phone: Contact Fax:	<b>SABA DIAGNOSTIC CENTER</b> Taher Chamber, 10, Agrabad C/A, Chattogram. Date: .....	Signature of Physician  <b>DR. MD. AYUBUR RAHMAN</b> M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong.
Name and Degree of Physician:	031-75678	Official Seal of the Board of Regn. No. A-11820 applicable,
Name of Physician's Licensing:	<b>DR. M. AYUBUR RAHMAN</b> M.B.B.S; P.G.T (Medicine) SABA DIAGNOSTIC CENTRE TAHER CHAMBER 10 AGRABAD C/A, CHITTAGONG. BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984	
Date of Issue of Physician's License:		
Date of Examination:	<b>13 DEC 2020</b>	