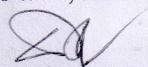


The acceptance or failure of the medical tests is based upon the American Club Pre-Employment Medical Examination—Acceptance Guidelines

SABA DIAGNOSTIC CENTER

Name of Medical Clinic: **Taher Chamber,**
Address of Medical Clinic: **10, Agrabad C/A, Chattogram**
Contact Phone: **Date:**
Contact Fax: **02333313678**
Name and Degree of Physician:
Name of Physician's Licensing: **DR. M. AYUBUR RAHMAN**
M.B.B.S; P.G.T (Medicine)
SABA DIAGNOSTIC CENTRE
TAHER CHAMBER
Date of Issue of Physician's License: **10 AGRABAD C/A, CHITTAGONG,**
BMDC AND DG SHIPPING
GOVT. OF BD
23-02-1984
Date of Examination: **30 APR 2023**

Signature of Physician

DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong,
Regn. No. A-11820
Official Seal of the Board is applicable if applicable