



## PERSONAL INFORMATION



First name  
**MD. RUBEL**  
Last name  
**MIAH**  
Age  
**27**  
Blood Group  
**O+**

Passport No  
**A02402438**  
Passport issue place  
**DHAKA**  
Weight  
**64.0**

Nationality  
**Bangladeshi**  
National ID  
  
Height  
**168.0**

## MEDICAL CENTER INFORMATION

Medical test at  
**Bangladesh**  
Medical center code  
**05/03/09**  
Date of examination in GCC  
state  
-  
Status  
**FIT**

Medical center  
**Healthfirst Medical Centre**  
Medical examination date  
**29/04/2023**