Registration Form:

**For Doctor**

First name:

Last Name:

Pass Year: Here year will show like dropdown

BMDC Registration No:

Any extra Degree(Except MBBS): Dropdown (FCPS, FRCPS, MD, Pediatrics’, ENT Specialist ETC)(If any)

Email:

Password:

Phone Number:

Chamber(If any):

Address:

**For Patient:**

Name:

Age:

Sex:

Weight:

Email:

Password:

Phone Number:

Address:

**For Admin:**

It is unique as we create. This is specific from other. Admin can control all the system. He has only user name password.