

SCO-842,SF,NAC
Chandigarh, India
160101
8968041670
✉ pramiscure.pharmaceuticals@gmail.com



DOCTOR LIST

NAME OF MANAGER:- _____

NAME OF BM:- _____

HQ:- _____

S.NO	DOCTOR NAME	DOCTOR CATEGORY	AREA	HQ/EX/OS	PRODUCT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

I certify that the information I am about to provided is true and complete to the best of my knowledge. I am aware that this self declaration statement is subject to review and verification and if such information has been falsified I may be terminated.

SIGNATURE:- _____

HQ:- _____

MOBILE NO:- _____



PRAMISCURE
PHARMACEUTICALS
P R O M I S E T O C U R E