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| **DOCTOR DETAILS** | |
| Name: | Age: |
| Sex: ⬜Male ⬜Female | Degree: |
| Years Of Practice: | Specialization: |
| Phone No: | Alt Phone No: |

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| **CLINIC & VISITING DETAILS** | |
| Clinic Location (example: Haldia, Tamluk, etc.) | Visiting Days (example: Monday, Tuesday, etc.) |
| 1. | ⬜Mon ⬜Tue ⬜Wed ⬜Thu ⬜Fri ⬜Sat ⬜Sun |
| 2. | ⬜Mon ⬜Tue ⬜Wed ⬜Thu ⬜Fri ⬜Sat ⬜Sun |
| 3. | ⬜Mon ⬜Tue ⬜Wed ⬜Thu ⬜Fri ⬜Sat ⬜Sun |