

### Event Proposal Form

Tracking No:	2025/Nov/SAL/005	Request Date	27. 11. 2025	Proposed Event Date:	01. 12. 2025								
Activity Owner (AO)	Md. Monem Al Haque	Territory ID	20962	Employee ID	8026								
Designation	Sr. Associate	Region/Department	E1 DHIMDE/Sales	Product Name	CoseentyX								
Event Title & Topic	Cosentyx: Treat the seen prevent the Unseen												
Venue Name with Address	Hotel Kasturi (Pvt.) Ltd, 8 Purana Paltan Lane, Dhaka-1000												
OBJECTIVE OF THE MEETING (Put ✓ in the box or write)	<input checked="" type="checkbox"/> Brand Promotion <input type="checkbox"/> Disease Awareness <input type="checkbox"/> Scientific Knowledge Dissemination <input type="checkbox"/> Others:												
Approved Materials	<input checked="" type="checkbox"/> Promotional	<input type="checkbox"/> Non-Branded	Materials Code (write)										
<b>No. of Participants</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Internal</td> <td>3</td> <td>External</td> <td>7</td> <td>Others</td> <td>N/A</td> <td>Total</td> <td>10</td> </tr> </table>						Internal	3	External	7	Others	N/A	Total	10
Internal	3	External	7	Others	N/A	Total	10						
<b>Event Budget</b>													
Item	Venue Charge	Food	Transport	Projector-Screen	Sound System	Honorarium	Logistics/Others						
Kit	1	10	N/A	1	N/A	1	N/A						
Fair Cost	5000/-	1500/-		3000		22500/-							
Total	5000/-	15000/-				22500/-							
Net Total						45500/-							
In Words						Forty five thousand five hundred taka only.							

Sl. No.	Name, designation & specialty of the Expert	EXTERNAL CONSULTANT ENGAGEMENT					1 <sup>st</sup> Approver Assessment	Official Use Only
		Doctor ID	Role	Duration (hrs)	Honorarium			
01	<b>Prof. Rashed Mohammad Khan Professor, Dermatology &amp; Venereology</b>	002811	SPEAKER	45min	22500/-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	✓ 1
02						<input type="checkbox"/>	<input type="checkbox"/>	
03						<input type="checkbox"/>	<input type="checkbox"/>	
04						<input type="checkbox"/>	<input type="checkbox"/>	
05						<input type="checkbox"/>	<input type="checkbox"/>	

  

Approvals	Name	Designation					Sign & Date
AO	Md. Momen Al Haque	Sr. Associate					W.M..... 27.11.25
FLM	Md. Habibur Rahman	Sr. Regional Manager					C.H..... 27.11.25
SLM							
Director, Sales							
Marketing	Ferdous Petersen						
Medical	<u>MD. Rofib Ul Hasan</u>	<u>Head IDPRO &amp; ONCO</u>					<u>W.M..... 27.11.25</u>

  

Event type	Cost Limit (excluding waives)	FLM	SLM	Director Sales	Marketing	Event type	Cost Limit	Marketing	Medical
Non-paid Promotional Event	15-30k	Initial Approver	Final Approver	Budget approver	Special Event (Ad. Board, Mt Research, DAP, etc.)	All	Branded: Final approver		
Paid Promotional Event	>30k	Initial Approver	2 <sup>nd</sup> Approver	3 <sup>rd</sup> Approver	Budget & Final Approver	All	Non-branded: Budget & Final approver		
Paid Promotional Event	All	Initial Approver	2 <sup>nd</sup> Approver	3 <sup>rd</sup> Approver					



**City Skin Center**  
পুরোহিতী ফান্স

**Prof. Rashed Mohammad Khan**

শান্তিপুর পুরোহিতী ফান্স, মুন্ডা পুরোহিতী ফান্স

**Shan & WD Specialist**

**Professor and Head of the Department of Dermatology & Venereology**

**Trained in Clinical Service at All India Institute of Medical Sciences (AIIMS) New Delhi**

**Trained in Surgery from Dr. A. K. M. Sarker**

**Trained by the all abroad Dr. Dr. V. V. V.**

**Chamber of City Skin Centre**

**পুরোহিতী ফান্স পুরোহিতী ফান্স**

**Visiting Hours : 10 AM to 8 PM**

**For Consultation : 01714 261951**

**Phone : 0171 9701171 / 9713934**

**Email : dr.rashed.m.khan@gmail.com**

### Consultant Engagement Form

Event Title:	<b>Cosentix: Treat the seen prevent the unseen</b>	Proposed Date:	<b>01 . 12 . 2025</b>
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Full Name: **Prof. Rashed Mohammad Khan**

Name (as per Bank Account if different from the above): **Rashed Mohammad Khan**

Designation: **Professor**

Institution Name: **City Skin Centre**

Institution Address: **88, Shantinagar (Eastern Pair) Dhaka - 1217**

Chamber Address: **City Skin Centre, 86, Shantinagar (Eastern Pair) Dhaka - 1217**

Specialty: **Dermatology & Venereology**

Contact Number: **01810 211 289**

E-mail: **rashed196506@gmail.com**

Degrees: **M.B.B.S, D.D.V**

- I certify the above information as correct
- I give consent to communicate via phone, email, digital media etc.
- I have read & understand the purpose of the data collection & agree that by signing this form the information provided above will be collected & processed by Novian.
- I am Providing my visiting card/prescription pad or Seal.

*(Signature)*  
**27/11/2025**

**Sign**

**FOR DR. RASHED MOHAMMAD KHAN,  
Head of Dept of Dermatology & Venereology  
Chamber of City Skin Centre**

**পুরোহিতী ফান্স  
চার্চ অফ কেস্টেল প্রেসেস**