

Event Proposal Form

| | | | | | |
|--|---|--------------------------------------|-------------------------|----------------------|------------|
| Tracking No: | 2025/NOV/SAL/COS/PP/057 | Request Date | 27.11.2025 | Proposed Event Date: | 01.12.2025 |
| Activity Owner (AO) | Md. Momen Ali Haque | | | | |
| Designation | Sr. Associate | Region/Department | EDH/IMDE/Sales | | |
| Event Title & Topic | Cosentyx: Treat the seen prevent the Unseen | | | | |
| Venue Name with Address | Holel Kasturi (Pvt.) Ltd, 8 Pusaana Palton Line, Dhaka - 1000 | | | | |
| OBJECTIVE OF THE MEETING (Put ✓ in the box or write) | <input checked="" type="checkbox"/> Brand Promotion | | Event Type | | |
| | <input type="checkbox"/> Disease Awareness | | (Put ✓ in box or write) | | |
| | <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) | | |

| | | | | | |
|---------------------|---|----------|---|--------|-----|
| No. of Participants | | | | | |
| Internal | 3 | External | 7 | Others | N/A |
| | | | | Total | 10 |

| Event Budget | | | | | | | |
|--------------|---|---------|-----------|------------------|--------------|------------|------------------|
| Item | Venue Charge | Food | Transport | Projector-Screen | Sound System | Honorarium | Legistics/Others |
| Unit | 1 | 10 | N/A | 1 | N/A | 1 | N/A |
| Unit Cost | 5000/- | 1500/- | | 3000 | | 22500/- | |
| Total | 5000/- | 15000/- | | | | 22500/- | |
| Net Total | 45500/- | | | | | | |
| In Words | Forty five thousand five hundred taka only. | | | | | | |

| EXTERNAL CONSULTANT ENGAGEMENT | | | | | | | | | | 1st Approver Assessment | | Official Use Only | |
|--------------------------------|--|------------------|----------------|-------------------------|--|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|--|-------------------|--|
| Sl. No. | Name, designation & specialty of the Expert | Doctor ID | Role | Duration (hr.) | Honorarium | Relevant To | Submits for | Consent attached | Honorarium Calculation | Engagement No. | | | |
| 01 | Prof. Rashed Mohammad Khan Professor, Dermatology & Venereology | 302831 | Speaker | 45min | 22500/- | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | | | |
| 02 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 03 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 04 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| 05 | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Approvals | | Name | | Designation | | Sign & Date | | | | | | | |
| AO | Md. Momen Al Haque | | | Sr. Associate | | Signature 27.11.25 | | | | | | | |
| FLM | Md. Habibur Rahman | | | Sr. Regional Manager | | Signature 27.11.25 | | | | | | | |
| SLM | | | | | | | | | | | | | |
| Director, Sales | | | | | | | | | | | | | |
| Marketing | Ferdous Reza | | | Sr. Marketing Manager | | Signature 27.11.25 | | | | | | | |
| Medical | Md. Rojib ul Hassan | | | Head ID PRO & ONCO | | Signature 27.11.25 | | | | | | | |
| Event type | Cost Limit (excluding GST) | FLM | SLM | Director Sales | Marketing | Event type | Cost Limit | Marketing | Medical | | | | |
| Non-paid Promotional Event | <15k | Final Approver | Final Approver | Budget approver | Medical Events | Medical | All | Budget & Final Approver | | | | | |
| Non-paid Promotional Event | 15-30k | Initial Approver | Final Approver | Budget & Final Approver | Special Event (Ad. Board, Mkt Research, DAP, etc.) | | | | | | | | |
| Non-paid Promotional Event | >30k | Initial Approver | 2nd Approver | 3rd Approver | | | | | | | | | |
| Paid Promotional Event | All | Initial Approver | 2nd Approver | 3rd Approver | | | | | | | | | |
| | | | | | | | | | | Branded: Final approver Non-branded: Budget & Final approver | | | |

Consultant Engagement Form

| | | | |
|--------------|---|----------------|------------|
| Event Title: | Cosmetix: Trend the seen prevent the Unseen | Proposed Date: | 01.12.2025 |
|--------------|---|----------------|------------|

Full Name: Prof. Rashed Mohammad Khan

Name (As per Bank Account & different from the above): Rashed Mohammad Khan

Designation: Professor

Institution Name: City Skin Centre

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

Chamber Address: City Skin Centre, 88, Shantingang (Eastern Pair) Dhaka - 1217

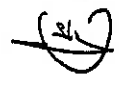
Specialty: Dermatology & Venereology Degrees: MBBS, DDV

Contact Number: 01812211289

E-mail: rashed196506@gmail.com

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

PROF. DR. RASHED MOHAMMAD KHAN
 Head of Dept. of Dermatology & V
 Dhaka Medical College Hospital


 27.11.2025
 Sign

PROF. DR. RASHED MOHAMMAD KHAN
 Head of Dept. of Dermatology & V
 Dhaka Medical College Hospital