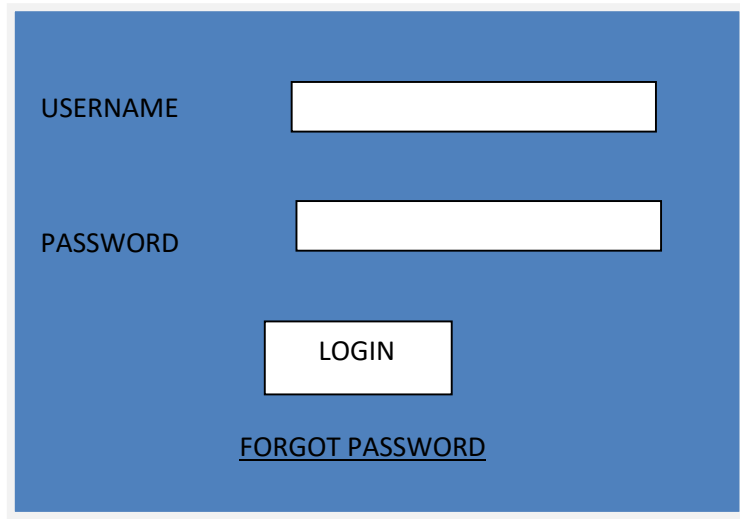


# FORM DESIGN

## 1. Login Form



USERNAME

PASSWORD

[FORGOT PASSWORD](#)

## 2. Registration Form

FIRST NAME

LAST NAME

GENDER ☐ M ☐ F

DOB

EMAIL

PASSWORD

CONFORM PASSWORD

ADDRESS

COUNTRY

STATE

CITY

PINCODE

MOBILE NO

REGISTER

### 3. Add Doctor

FIRST NAME

SURNAME

GENDER

☐ M ☐ F

DOB

SPECIALIZATION

EXPERIENCE

ADDRESS

COUNTRY

STATE

CITY

ZIPCODE

EMAIL

PASSWORD

QUALIFICATION

MOBILE NO

FEE

PHOTO

UPLOAD

ADD

#### 4. View Specialization

SPECIALIZATION	ACTION

#### 5. Add Specialization

SPECIALIZATION	<input type="text"/>
<input type="button" value="ADD"/>	

#### 6. Book Appointment

NAME	<input type="text"/>
CATEGORY	<input type="text"/>
DATE	<input type="text"/>
<input type="button" value="BOOK"/>	

## 7. View medicine

medicine1	medicine2	medicine3
BUY NOW	BUY NOW	BUY NOW
medicine4	medicine5	medicine6
BUY NOW	BUY NOW	BUY NOW

## 8. Apply Leave

Date	<div><div>◀</div><div>AUG - 2016</div><div>▶</div><table><thead><tr><th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>Sa</th></tr></thead><tbody><tr><td>31</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr><tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr><tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr><tr><td>28</td><td>29</td><td>30</td><td>31</td><td>1</td><td>2</td><td>3</td></tr><tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr></tbody></table></div>	S	M	T	W	T	F	Sa	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10
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Reason	<div></div>																																																	
<div>Apply</div>																																																		

9. Doctor View

No Image	Name
	Specialization
	Button

No Image	Name
	Specialization
	Button

10. Add medicine

Medicine name

Add