Memo no: SWMC/2019 Date:

To

**Chairman,**

Jalalabad Disabled Rehabilitation Center & Hospital,

Sylhet.

**Subject: Request to visit Jalalabad Disabled Rehabilitation Center & Hospital by the 3rd MBBS year students.**

With reference to your verbal consent this is to inform you that our 3rd year MBBS students require to visit different health service institutes as part of their course curriculum of Community Medicine. For the purpose we prefer your institute.

Program schedule is as follows-

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Date** | **Number of Students** | **Arrival Time** |
| Wednesday |  | 26 | 10.00 am |

Thanking you in anticipation of your kind cooperation.

**Principal**

Sylhet Women's Medical College, Sylhet

Memo no: SWMC/2019 Date:

To

**The Senior Consultant/Concerned Authority**

Chest Disease hospital, Sylhet.

**Subject:** **Request to visit Chest Disease hospital by the 3rd year MBBS students.**

With reference to your verbal consent this is to inform you that our 3rd year MBBS students require to visit different health service institutes as part of their course curriculum of Community Medicine. For the purpose we prefer your institute.

Program schedule is as follows-

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Date** | **Number of Students** | **Arrival Time** |
| Tuesday |  | 26 | 10.00 am |

Thanking you in anticipation of your kind cooperation.

**Principal**

**Prof. Dr. Md. Rezaul Karim**

Sylhet Women's Medical College,

Mirboxtula, Sylhet.

Memo no: SWMC/2019 Date:

To

**The Divisional Co-ordinator**

Ashar Alo Society, Sylhet

**Subject: Request to visit Ashar Alo Society by the 3rd year MBBS students.**

With reference to your verbal consent this is to inform you that our 3rd year MBBS students require to visit different health service institutes as part of their course curriculum of Community Medicine. For the purpose we prefer your institute.

Program schedule is as follows-

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Date** | **Number of Students** | **Arrival Time** |
| Tuesday |  | 26 | 10.00 am |

Thanking you in anticipation of your kind cooperation.

**Principal**

Sylhet Women's Medical College, Sylhet

Memo no: SWMC/2019 Date:

To

**Programmer Officer**

**Marie Stopes, Bangladesh.**

Darshan Dewri Amberkhana, Sylhet

**Subject: Request to visit Marie Stopes by the 3rd year MBBS students.**

With reference to your verbal consent this is to inform you that our 3rd year MBBS students require to visit different health service institutes as part of their course curriculum of Community Medicine. For the purpose we prefer your institute.

Program schedule is as follows-

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Date** | **Number of Students** | **Arrival Time** |
| Thursday |  | 26 | 10.00 am |

Thanking you in anticipation of your kind cooperation.

**Principal**

Sylhet Women's Medical College, Sylhet