

CTC Center Information Form

Edit Center Information ▲		
*Center Name	<input type="text"/>	
*Name of Center Chief	<input type="text"/>	
Designation of Chief	<input type="text"/>	
Expire Date Of License	Year ▼ Mont ▼ Day ▼	
Present Address ▲		
Division : <input type="text" value="DHAKA"/>	District : <input type="text" value="DHAKA"/>	Upazilla : <input type="text"/>
Address Details	<input type="text"/>	
Support Stuff (Proposed) ▲		
Nurse *	<input type="text"/>	
Doctor	<input type="text"/>	
Other Details ▲		
Number of Bed	<input type="text"/>	
Number of Male Bed	<input type="text"/>	
Number of Female Bed	<input type="text"/>	
Official Mobile Number *	<input type="text"/>	
T&T Number	<input type="text"/>	
Others Mobile and T&T Number	<input type="text"/>	
Email Address *	<input type="text"/>	
Approval Issue No	<input type="text"/>	
Approval Issue Date	<input type="text"/>	
Status	<input type="text" value="Active"/>	