1. **DOCTOR’S NAME:**
2. **ADDRESS:**
3. **CONTACT NO:**
4. **E-MAIL:**
5. **EDUCATION / TRAINING:**
6. **MEDICAL SPECIALTIES & SUBSPECIALTIES:**

 (Please put **XXX** mark in the following one)

|  |  |
| --- | --- |
| **Allergists / Immunologists**  |  |
| **Cardiologists** |  |
| **Dermatologists**  |  |
| **Endocrinologists**  |  |
| **Family Physicians**  |  |
| **Gastroenterologists**  |  |
| **Infectious Disease Specialists**  |  |
| **Nephrologists**  |  |
| **Obstetricians and Gynecologists**  |  |
| **Ophthalmologists**  |  |
| **Otolaryngologists**  |  |
| **Pediatricians**  |  |
| **Physiatrists**  |  |
| **Psychiatrists**  |  |
| **Pulmonologists**  |  |
| **Rheumatologists** |  |
| **Urologists** |  |
| **Others**  (Please mention) |  |

1. **PREFERRED CONSULTATION HOUR:**

 (Please put **XXX** mark in the preferred one)

 **Five days in a week except Friday & Saturday**

|  |  |  |
| --- | --- | --- |
| **9 AM -12 PM** | **2 PM – 5 PM** | **6 PM – 9 PM** |
|  |  |  |

1. **CO-ORDINATED BY:** (Architect’s Name & Membership ID, Contact No, Email address)
2. **RELATION WITH THE DOCTOR:** (Family / Friends / Relatives etc.)
3. **REMARKS** (if any):

I, **(Architect’s Name & Membership ID)** hereby refer **(Dr. Name**), specialist on the

above mentioned matter to consider him/her in the **IAB Online Help Desk** for his/her

free consultation service on the preferred mentioned time during this CORONA (COVID-19)

pandemic situation.

**I will help in every type of co-ordination to him / her during this time.**

(Signature)

**………………………………………….**

**Architect’s Name & Membership ID**