Please provide no more than one contact per row and no more t

I confirm that I have the consent of those below to share their information with QS.

Source	Title	First Name	Last Name	Position
	Mr.	Naveed	Shibli	Head of department
	Mr	Tauqeer	Ahmed	Director
	Mrs.	Khushboo	Mehta	Medical Doctor
	Mr.	Abhishek	Bhargava	Medical Doctor
	Mr.	Badri	Prasad	Medical specialist

















han one email address per record. Enter first and last name sepa otherwise we are not able to accept your submis

Столбец1	Company Name
	Ripah International University
	Samar poly clinic
	LNGP HOSPITAL
	Kasturba Gandhi Hospital
	Hamidia hospital bhopal

















arately or enter the full name in the 'first name' box. Please follow ex sion.

Location	email
Faisalabad,Pakistan	thedailyeasyenglish@yahoo.co
Lahore, Pakistan	dr.taugeerch@gmail.com
Delhi,India	Dr khushbum@yahoo.com
Delhi,India	<u>Abhi star@mail.ru</u>
Madhva Oradesh,India	<u>1badri1@gmail.com</u>

















amples below,

Phone (Optional) <u>m</u>













