eSheBee Enterprises

Upazila Gate, Kamalganj, Moulvibazar

Dhaka Office: House 14/13 (Ground Floor), Babor Road, Mohammadpur, Dhaka 1207, Bangladesh



Itinerary form

Name of Applicant			Mohammod Mosharrof Hossain						
Designation Fo			Founder	Founder & Team Leader					
Project/program Name Tra			Training	Trainingology.net					
Department/Unit Name E			Enterprise Development						
Planned trav	vel schedule	e:							
	Departu	re				Arrival			Transportation
Date	Date Time S		Station	Date		Time Station		/Remarks	
02-11-2020	1.25 pm	Mohakhali		02-11-2020	20	6.30pm	Sreemangal	By B	us
		Bus	Terminal				Bus stop		
02-11-2020	7:00 pm	Sreemangal		02-11-2020	0 8.00pm	eSheBee	By Cl	NG, Night halt at	
		CNG	point				Office,	eShe	Bee Office/ Grame
							Kamalganj	Bari,	Dinner Meeting
								with	Dr. Dinar
03-11-2020	7:00 am	Fam	nily Visit of eSheBees at Alinagar Tea Garden, Srinathpur, Moidail, Shorishkand						
		in Ka	amalganj						
03-11-2020	2:00 pm	Lunc	h break						
03-11-2020	3:30 pm	Family Visit of eSheBees at MadhabpurTea Garden, Islampur, Adampur, Alepur							
	То	Mee	ting with A	hmed Siraj,	Jahiru	ul, Princip	oal. Mr. Jahangi	r and o	others.
	8:30 pm	And Night halt at Kamalganj office/Swiss Valley							
04-11-2020	8:00 am	Family visit of eSheBees at Tilagaon, Pallakandi, Longla Tea Garden in Kulaur						rden in Kulaura	
	12:30 pm	Meeting with Kulaura team eSheBee and Associates							
	3:00 pm	00 pm Visiting Moulvibazar Chamber of Commerce and Industries and meeting							d meeting with
Associates.									
to Dhaka									
04-11-2020	4:25 pm	Μου	ılvibazar	10:00 pm		Dhaka		Ву В	US
 Case col Future p 	of eSheBe lection/dat	а Сар	turing for (r district. content dev	elopm	nent			
Address & c	-			ldress: eSl	heBee	Guest I	House, Upazila	Gate.	Moulvibazar Roa
Visit:		.0					act number(s):		
			Alternative contact Per		Perso	rson Name: eSheBee Tania			
			Ph on			ne Number(s): 01712476022			
Duty Leave Reliever:			Name			Designation			Signature
			Sujit K. D	as		Associate	e Entrepreneur		
Applied by			Checked by			Appro			oved by

Applied by	Checked by	Approved by			
U. Aonain					
Applicant (Signature & Date)	HR Department (Signature & Date)	Founder & Team Leader/Deputy Team Leader			
		(Signature & Date)			