

Date:-207 / / BS

The Registrar  
Nepal Pharmacy Council (NPC)

## Subject: Request for Information Update

Dear Sir,

I hereby request for the update of following information as per the Nepal Pharmacy Council Regulation, 2057 (amendment, 2072) rule 2.4 (9).

		Council Regd.Date :		DOB:-
Name		Council Regd No.		Gender : M <input type="checkbox"/> F <input type="checkbox"/> O <input type="checkbox"/>
<b>Degree obtained after registration or update</b>				
Degree				
College/Institute		University		
Year of completion		Duration of course		
<b>Current Employment Status</b>				
Position		Organization and address		
Mobile No.		Email:		
<b>Current profession as Pharmacist/Pharmacy Assistant (Please mention ✓/Mark)</b>				
Manufacturing pharmacist		Community Pharmacist		
QC pharmacist		Regulatory authority		
QA pharmacist		Teaching		
Pharmaceutical marketing		Others (Specify)		
Hospital Pharmacist				

### Signature of Applicant

Name :- \_\_\_\_\_

Mobile No:- \_\_\_\_\_

Council Regd. No.: \_\_\_\_\_

E-mail : \_\_\_\_\_

Passport No.: \_\_\_\_\_

### **Attach the following documents**

1. Bank Voucher  
Nepal Bangladesh Bank  
A/C No.: 005040131P
2. Rs 300/500
3. Evidence of qualification
4. Original certificate