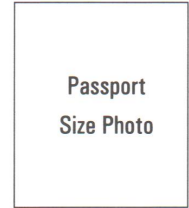


# Nepal Pharmacy Council

Bijulibazar, Kathmandu

## Licensing Examination, Admit card



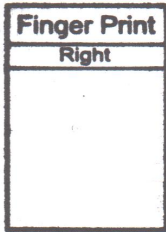
Name of Candidate: .....

Exam Centre : ..... Date of Examination .....

Roll No. : ..... Signature of the Candidate .....

Level : Bachelor/Diploma Signature of the registrar .....

Seal of the council :



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