

**Technical seminar on analytical method development  
and validation, 24<sup>th</sup> September, 2016**



**Organized by  
Nepal Pharmaceutical Association (NPA)  
Participant Form**

To confirm your booking please send this completed form to the Office secretary, Nepal Pharmaceutical Association (NPA) or mail to npa.2028@gmail.com by 16<sup>th</sup> September, 2016.

**Participant name (in block letters)  
(Mr/Mrs/Ms)**

.....  
(First) (Middle) (Last)

**Highest degree/Institution:** .....

**Name of organization:** .....

**Designation:** .....

**Department:** .....

**Contact No.:** .....

**Email:** .....

**Signature:** ..... **Date:** .....

**For NPA (Official purpose)**

**Name:** ..... **Signature:** .....

**Note:**

- Deposits are non-refundable once participation has been confirmed.
- Full payment for participation must be received no later than **16<sup>th</sup> September, 2016**.
- Please deposit the amount on **Nepal Bangladesh Bank AC no: 005 019171S**
- Please send a scanned copy of deposit slip to npa.2028@gmail.com along with this form or submit to NPA office, Babarmahal.

**Technical seminar on Management of Medication Related  
Problem, 23<sup>rd</sup> September, 2016**



**Organized by  
Nepal Pharmaceutical Association (NPA)/ Healthy life  
foundation**

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