

LETTER OF RECOMMENDATION(LOR)

For applying student membership of

NATIONAL ASSOCIATION OF PHARMACOLOGY & THERAPEUTICS

Name(Dr)

Name of degree (MD/DNB)

Date of admission in PG(MD/DNB course)

Department

Institution

Certified the details mentioned above are true and as per the records available in the department.

Signature

Name of HOD/Thesis supervisor/guide/ head of institution

Date :

Place :

