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जिल्हा प्रमाणित अध्यापक संघ

पृष्ठ संख्या : ३५ पंक्ति संख्या : ३५



जन्मस्थान :- जिल्ला
 पालिका/गाविस
 पदवी प्राप्तपद :- जिल्ला
 जन्मदिन/मास/दिनांक
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 पदवी प्राप्तपद :- जिल्ला
 जन्मदिन/मास/दिनांक

Verification of True Copy of Original
Signature: _____
Name: **Top Bahadur Oli**
Date: _____
Certificate Number of the Notary Public: **2610**
Date of Expiry of Certificate: **30, 2022 AD**
Seal of the Notary Public: _____



THE UNIVERSITY OF CHICAGO

प्रमाणित किया जाता है कि:- डॉ. रमेश
प्रमाणित किया जाता है कि:- डॉ. रमेश



~~पञ्चमः पत्र विनि शिवालय~~