

# **Nepal Medical Council Regulations (Related to Schedule No. 2)**

## **Covenant Letter**

*I Dr.....hereby  
Solely swear that I will discharge my duties, as  
per Nepal Medical Council Act and Regulations. I  
hereby affirm my concurrence by signing this  
covenant letter that action may be taken against me  
under the prevailing Act Regulations, in case I act  
in defiance of and beyond Nepal Medical Council  
Act, Regulations and professional ethics.*

*Signature:*

*Name: .....*

*Date:.....*