

**Application form for Antigen testing**

**NPHL**

**Date:.....**

Lab/ Hospital registration number *	Lab name, address	Details of Lab Focal Person for COVID-19 Antigen Testing	Kit name, manufacturer company	Kit listed at NPHL website	Test rate
		Name: <hr/> Contact no: <hr/> Council no:		<input type="checkbox"/> Yes  <input type="checkbox"/> No	

.....

Filled by (Name/ signature)

.....

Verified by (Name/signature)

Note:

1. Please attach registration certificate of hospital/lab along with.
2. Approve this document with official stamp and authorized signature and then send to **antigen@nphl.gov.np**