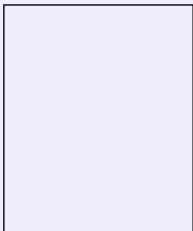


LOGO



YOUR NAME
Designation

ABC0001

D.O.B : 00-00-0000
Blood Group : B+ ve
Contact : 00000 00000
Emg No. : 00000 00000
Res. Address : Your resident
address type here
only

If found please return this item to

LOGO

Office :
Your office address type here only
Tel. : 044 0000 0000