TABLE 1: BENEFICIARY DETAILS

Please use capital letters only, with each letter/ number/ punctuation mark placed in one box. Please avoid overwriting and abbreviations

1	Child ID																				
2	Child First Name																				
3	Child Last Name																				
4	Mother's First Name																				
5	Mother's Last Name																				
6	Father's First Name																				
7	Father's Last Name																				
8	Child's Aadhaar ID																				
9	Date of Birth of Child							D	D	M	M	Y	Y								
10	Caste of Child		*0* - SC, *1* - ST, *2* - OBC, *3* - Other																		
11	Religion of Child		*0* - Hindu, *1* - Islam, *2* - Christian, *3* - Other																		
12	Sex of Child		*0* - Male, *1* - Female, *2* - Other																		
13	Type of Disability		*0* - NA, *1* - Movement, *2* - Mental, *3* - Visual, *4* - Auditory, *5* - Oral																		

Fill the Rectangle of the question whose answer is correct as per the instruction sheet