



REPUBLIC OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA
NATIONAL BUREAU OF DISSEMINATION OF INFORMATION

Form No. 1
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1. Name of the person: Dr. S. S. S. S.
2. Address: ...
3. Telephone: ...

4. Signature: ...
5. Date: ...

6. Remarks: ...

7. Signature of the official: ...

8. Date: ...

9. Signature of the official: ...

10. Date: ...

11. Signature of the official: ...

