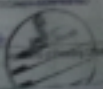


NAME: _____
 DATE: _____
 CLASS: _____
 SECTION: _____
 TOPIC: _____
 PAGE: _____

Sl. No.	Particulars	Debit	Credit	Balance
1				
2				
3				
4				
5				
6				
7				
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48				
49				
50				

TOTAL DEBIT = _____
 TOTAL CREDIT = _____
 Balance carried over = _____



Date: _____
 Signature: _____