



INDIAN NATIONAL MEDICAL CLINICAL  
STUDY UP ON STATUS OF POST POLIO MYOEDUCATION  
2023 MEDICAL CLINICAL

100% FREE

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ DATE OF EXAMINATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PIN CODE: \_\_\_\_\_  
CONTACT NO: \_\_\_\_\_

Sl. No.	Name	Age	Sex	Date of Birth	Date of Examination	Address	City	State	Pin Code	Contact No	Remarks
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9
10	10	10	10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20	20	20	20	20

Signature of the Investigator: \_\_\_\_\_  
Date: \_\_\_\_\_  
Place: \_\_\_\_\_