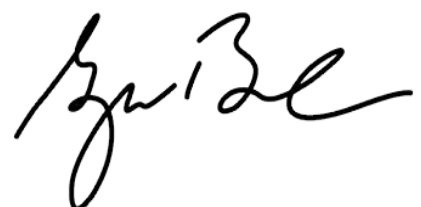


Student Details	
Name	Archa A S
Admission Date	
Course	MBBS
Section	1st Year
Date of	2021-01-01
Phone No	8921186289
Caste	
Religion	
Email	archaas040@gmail.com
Current Address	
Permanent Address	
Father Name	
Father Phone	
Father Occupation	
Mother Name	
Mother Phone	
Mother Occupation	
Guardian Name	
Guardian Email	
Guardian Relation	
Guardian Phone	
Guardian Occupation	
Guardian Address	
Nationality	
Blood Group	
Previous School	
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**Declaration:** I hereby declare that the information provided above is true and accurate to the best of my knowledge and belief.

