

LCI তথ্য ফর্ম	একটি IMSLCB উদ্যোগ	Photo													
1. Personal Information															
Name															
		Date of Birth	Y	Y	Y	Y									
Mother's/Father's Name			D	D	M	M									
Personal Cell No.	0 1														
EIIN											Status		T/S	Sex	M/F
Level			Section						Roll No.						
Sub/Group Code															
Parent's Cell No.	0 1														
2. LCI Information															
LCI : Use only 0, 1 or 2 in the blank boxes bellow the printed numbers															
1	2	3	4	5	6	7	8	9	10	11	12	13	14		
15	16	17	18	19	20	21	22	23	24	25	26	27	28		
29	30	31	32	33	34	35	36	37	38	39	40	41	42		
43	44	45	46	47	48	49	50	51	52	53	54	55	56		
57	58	59	60	61	62	63	64	65	66	67	68	69	70		
Date :						Signature :									

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