

I CI GOTT S	LCI তথ্য ফর্ম একটি IMSLCB উদ্যোগ													
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1. Persona	Into	rmatio	on											
			Name	:										
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Mother's/Fa	ther's N	ame						Date of Birth	D	D	М	М		
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Personal Cell	0	1												
EIIN								Sta	tus	T/S	Sex	M/F		
Level			Sec	tion				Roll	No.					
Sub/Group (Code													
Parent's Cell	No.													
2. LCI Info	rmatio	on												

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 :								



LCI তথ্য ফর্ম একটি IMSLCB উদ্যোগ							Photo									
1. Pe	ersona	ıl Info	rmatio	on												
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Level			Sec	tion				Roll	No.							
Sub	Sub/Group Code															
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2. LCI Information

LCI :	LCI : Use only 0, 1 or 2 in the blank boxes bellow the printed numbers													
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15	16	17	18	19	20	21	22	23	24	25	26	27	28	
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Date :						Signature :								