

LCI তথ্য ফর্ম	একটি IMSLCB উদ্যোগ	Picture											
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.													
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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