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|  | | | | | | | | |  | Photo | | | |
| **LCI** তথ্য ফর্ম | | | একটি **IMSLCB** উদ্যোগ | | | | | |
| **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** |
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| **43** | **44** | **45** | **46** | **47** | **48** | **49** | **50** | **51** | **52** | **53** | **54** | **55** | **56** |
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| **57** | **58** | **59** | **60** | **61** | **62** | **63** | **64** | **65** | **66** | **67** | **68** | **69** | **70** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date :** | | | | | | **Signature :** | | | | | | | |