



MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA

1. Name of the Institution: _____

2. Address: _____

3. Telephone No.: _____

4. Date: _____

5. Signature of the Officer: _____

6. Name of the Officer: _____

7. Designation: _____

8. Place: _____

9. State: _____

10. District: _____

11. Block: _____

12. Sub-block: _____

13. Village: _____

14. Panchayat: _____

15. Taluk: _____

16. District: _____

17. State: _____

18. Country: _____

19. Date: _____

20. Signature of the Officer: _____

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38. Place: _____

39. State: _____

40. District: _____



25-11-2013