

Name:- _____

Class :- _____ **Year :** _____

Enrollment No.:- _____

Date of Birth :- _____

Local Address :- _____

Blood Group :- _____

Signature

Name:- _____

Class :- _____ **Year :** _____

Enrollment No.:- _____

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Signature

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Blood Group :- _____

Signature

Name:- _____

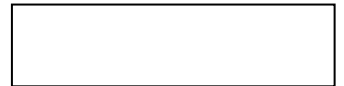
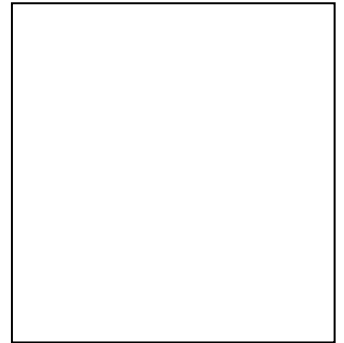
Designation :- _____

Department :- _____

Date of Birth :- _____ **Blood Group :-** _____

Residential Address :- _____

Contact No. :- _____



Signature

Name:- _____

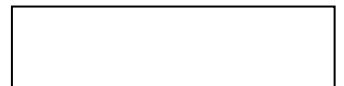
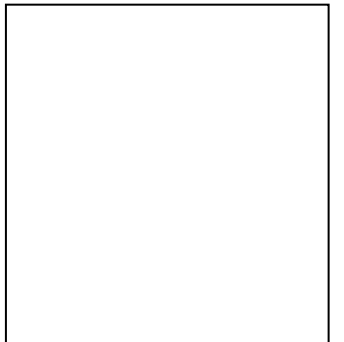
Designation :- _____

Department :- _____

Date of Birth :- _____ **Blood Group :-** _____

Residential Address :- _____

Contact No. :- _____



Signature

Name:- _____

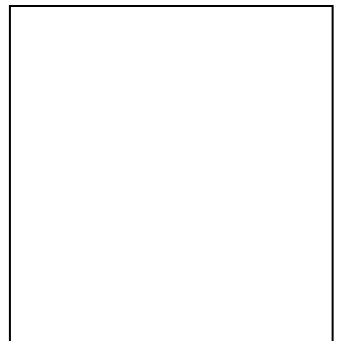
Designation :- _____

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Signature