

**Name:-** \_\_\_\_\_

**Class :-** \_\_\_\_\_ **Year :** \_\_\_\_\_

**Enrollment No.:-** \_\_\_\_\_

**Date of Birth :-** \_\_\_\_\_

**Local Address :-** \_\_\_\_\_

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**Blood Group :-** \_\_\_\_\_

**Signature**

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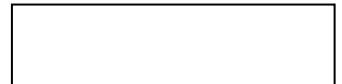
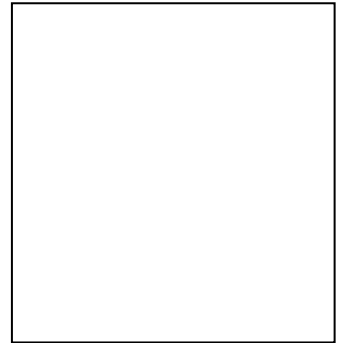
**Designation :-** \_\_\_\_\_

**Department :-** \_\_\_\_\_

**Date of Birth :-** \_\_\_\_\_ **Blood Group :-** \_\_\_\_\_

**Residential Address :-** \_\_\_\_\_

**Contact No. :-** \_\_\_\_\_



**Signature**

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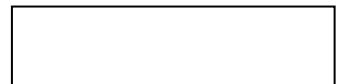
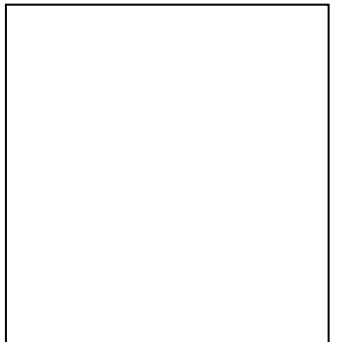
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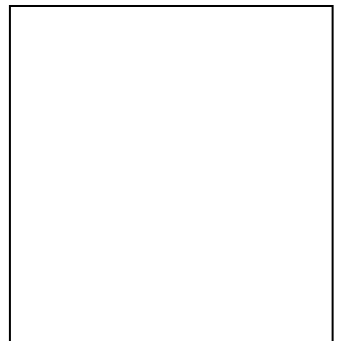
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