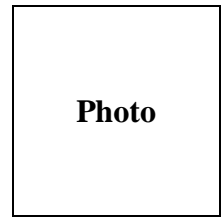




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For Student:

Name : _____
(Capital Letters)

Roll No. : _____

Blood Group : _____

Class : _____ **Branch** _____

Challan No. : _____ **Date** _____ **Amount:** _____

Mobile No : _____

Address : _____

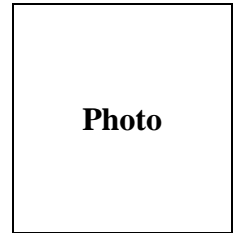
Sign. of the Candidate

Dean Academic

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FOR STAFF:

Name : _____
(Capital Letters)

Staff ID No. : _____

Blood Group : _____

Designation : _____ **Department:** _____

Mobile No : _____

Address : _____

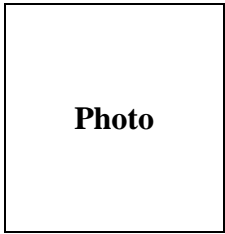
Sign. of the Staff

Administrative Officer

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FOR FACULTY :

Name : _____
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Staff ID No. : _____

Blood Group : _____

Designation : _____ **Department:** _____

Mobile No : _____

Address : _____

Sign. of the Faculty

Registrar

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