



MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
CENTRAL BOARD OF EXAMINATIONS
NEW DELHI

NAME: _____
FATHER'S NAME: _____
MOTHER'S NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ PIN CODE: _____

DATE OF BIRTH: _____
DATE OF ADMISSION: _____
DATE OF EXAMINATION: _____
DATE OF RESULTS: _____

Sl. No.	Name of Candidate	Roll No.	Grade	Remarks
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TOTAL MARKS: _____
PERCENTAGE: _____

DATE OF ISSUANCE: _____
SIGNATURE OF OFFICIAL: _____

OFFICIAL SEAL: _____
OFFICIAL NAME: _____

OFFICIAL ADDRESS: _____
OFFICIAL PHONE: _____