



THE BIRTH DEATH MARRIAGE, EDUCATION, CO-OPERATION SYSTEM OF CHARGES (IN PARTIAL) FROM 2014-15 2015-16

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

1. Name of the person: _____
 2. Name of the person: _____
 3. Name of the person: _____
 4. Name of the person: _____
 5. Name of the person: _____
 6. Name of the person: _____
 7. Name of the person: _____
 8. Name of the person: _____
 9. Name of the person: _____
 10. Name of the person: _____

Sl. No.	Age	Gender	Category	Remarks
1	4	M	1000	
2	4	M	1000	
3	4	M	1000	
4	4	M	1000	
5	4	M	1000	
6	4	M	1000	
7	4	M	1000	
8	4	M	1000	
9	4	M	1000	
10	4	M	1000	
11	4	M	1000	
12	4	M	1000	
13	4	M	1000	
14	4	M	1000	
15	4	M	1000	
16	4	M	1000	
17	4	M	1000	
18	4	M	1000	
19	4	M	1000	
20	4	M	1000	

Signature of the person

Signature of the person

Signature of the person

Signature of the person

Signature of the person



Signature of the person

Signature of the person