



MINISTRY OF HEALTH AND FAMILY WELFARE GOVERNMENT OF INDIA NATIONAL BUREAU OF POPULATION STATISTICAL DIVISION NEW DELHI

Form No. 1
Date of Birth: 10/10/1940
Age: 24 years
Sex: Male
Religion: Hindu
Caste: Brahmin
Occupation: Student
Marital Status: Single
Education: B.A.

Signature: [Signature]
Name: [Name]
Address: [Address]
City: [City]
State: [State]
Pin Code: [Pin Code]

Declaration: I hereby declare that the above information is true and correct to the best of my knowledge and belief.
Signature: [Signature]
Date: [Date]

Witness: [Name]
Signature: [Signature]
Date: [Date]

Signature: [Signature]
Date: [Date]

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