



DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NATIONAL INSTITUTE OF PUBLIC HEALTH
NEW DELHI

NAME: _____
AGE: _____
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DATE: _____
SIGNATURE: _____

Roll No. _____

Subject: _____
Topic: _____

Page No. _____

Section _____

Year _____

Month _____

Day _____

Hour _____

Minute _____

Second _____

Time _____

Temperature _____

Pressure _____

Humidity _____

Wind _____

Clouds _____

Visibility _____

Weather _____

State _____

City _____

Country _____

Continent _____

Region _____

Sub-region _____

Localities _____



25/10/2020