



MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NATIONAL BUREAU OF EPIDEMIOLOGY
NEW DELHI-110 054

Form No. 1 (1974)
Date of completion: 10/10/74
Name of the person: Dr. S. S. Chandra
Address: 10/10/74
Signature: [Signature]

1. Name of the person: Dr. S. S. Chandra
2. Address: 10/10/74
3. Signature: [Signature]

4. Name of the person: Dr. S. S. Chandra
5. Address: 10/10/74
6. Signature: [Signature]

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33. Signature: [Signature]

34. Name of the person: Dr. S. S. Chandra
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36. Signature: [Signature]

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38. Address: 10/10/74
39. Signature: [Signature]

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41. Address: 10/10/74
42. Signature: [Signature]

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45. Signature: [Signature]

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47. Address: 10/10/74
48. Signature: [Signature]

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51. Signature: [Signature]



25/10/74