



INDIAN MEDICAL SERVICES - FISCAL YEAR 1998-99
STATEMENT OF VITALITY FOR FISCAL YEAR 1998-99
NO. 12 FORM-101-A, 1/1/98

Name: _____
Address: _____
Occupation: _____
Age: _____
Sex: _____
Date of Birth: _____

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.	PCU Code	PCU Name	PCU Address	PCU Phone No.	PCU Fax No.
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
10	10	10	10	10	10
11	11	11	11	11	11
12	12	12	12	12	12
13	13	13	13	13	13
14	14	14	14	14	14
15	15	15	15	15	15
16	16	16	16	16	16
17	17	17	17	17	17
18	18	18	18	18	18
19	19	19	19	19	19
20	20	20	20	20	20

TOTAL VITALITY

Number of persons

Signature of the person: _____
Name of the person: _____
Address of the person: _____
Occupation of the person: _____
Age of the person: _____
Sex of the person: _____
Date of Birth of the person: _____

Signature of the person

Signature of the person