



**NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA**

RESEARCH AND TRAINING INSTITUTE FOR THE STUDY OF
POPULATION AND FAMILY WELFARE

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE: _____
 PIN CODE: _____
 DATE: _____

1. Name of the candidate: _____
 2. Name of the institution: _____
 3. Name of the subject: _____
 4. Name of the teacher: _____
 5. Name of the student: _____
 6. Name of the class: _____
 7. Name of the section: _____
 8. Name of the group: _____
 9. Name of the batch: _____
 10. Name of the year: _____

Sl. No.	Name of the candidate	Name of the institution	Name of the subject	Name of the teacher	Name of the student	Name of the class	Name of the section	Name of the group	Name of the batch	Name of the year
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Signature of the candidate: _____
 Signature of the teacher: _____
 Signature of the student: _____
 Signature of the class: _____
 Signature of the section: _____
 Signature of the group: _____
 Signature of the batch: _____
 Signature of the year: _____