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MS LIBRARY

Add-Wazirabad Bhagirathpur,Ghazipur

ADMISSION FORM

ADMISSION DATE - ……

BATCH TIME - …… SHEET NO. - ……

NAME OF STUDENT - ……

FATHER'S NAME - ……

CONTACT NO. - ……

ADDRESS- ……

SR.No.	DATE/MONTH	AMOUNT
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Student Sign.-

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Guardian Sign.-

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