



Sl. No.		Name of the Person		Address	
1	1	Mr. A. K. Singh	Mr. A. K. Singh	10/10/10	10/10/10
2	2	Mr. B. K. Singh	Mr. B. K. Singh	10/10/10	10/10/10
3	3	Mr. C. K. Singh	Mr. C. K. Singh	10/10/10	10/10/10
4	4	Mr. D. K. Singh	Mr. D. K. Singh	10/10/10	10/10/10
5	5	Mr. E. K. Singh	Mr. E. K. Singh	10/10/10	10/10/10

Signature of the Officer in Charge
District Health Officer, District of ...

For the District Health Officer,
District of ...
Signature of the Officer in Charge
District Health Officer, District of ...