

MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
DEPARTMENT OF HEALTH AND FAMILY WELFARE

NOTIFICATION
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Formal notice



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Informational and Administrative Language DATA	
Name of the person: _____	
Date of birth: _____	
Date of death: _____	
Information: _____	
Name: <u>John</u>	Age: <u>18</u>
Address: _____	Signature: <u>[Signature]</u>