

प्रमाणित प्रतिलिपि

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Sl. No.	Name of the person	Address	Signature	Date
1
2
3

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1
2
3

शाकिली देवा

प्रमाणित प्रतिलिपि

Date fixed for notifying the requisite number of stamps and labels
 Date on which the copy was received for delivery