



STATEMENT OF THE HEALTH AND FAMILY WELFARE OFFICER

1. Name of the Officer: _____
2. Designation: _____
3. District: _____
4. Block: _____
5. Panchayat: _____
6. Village: _____
7. Date: _____
8. Signature: _____
9. Stamp: _____

10. Remarks: _____
11. _____
12. _____

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