Withdrawl Register

Name Of The School:..... Mandal: ..... Dist: .....

UDISE Code: ..... Year: ..... www.Guruvu.In

S.No	Admn No	Admn Date	Class	Name Of The Student	Surname	Father Name	Mother Name	R.S / T.C Issued Date	R.S / T.C No	Reason / School	Remarks	Sign Of HM

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