

Sr.No	Lot SR NO	LOR SR 1- 25	Receipt Date	Case Type	Name	Category	Caste	Caste Certificate No.
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Certificate Date	IssuedBy	District	Validity Certi. No	Case No.	Valid Date	Mobile No	Address	ATC
7	8	9	10	11	12	13	14	15

Date Of Admission ATC	FTC	Date Of Admission FTC	UTC/ ATC	Date Of Admission UTC/ATC	Grandf TC	Date Of Admission GTC	F/U/A/G/Birt h Record	Date & Month & Year
16	17	18	19	20	21	22	23	24

Revenue Documents	Month & Year	Any blood VC	Affidavit	UID NO/AADHARNO.
25	26	27	28	29