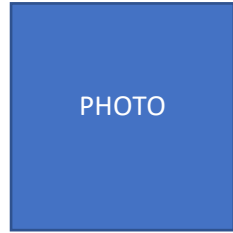


SH. L.N HINDU COLLEGE, ROHTAK
PARTICULARS OF STUDENT FOR ISSUE OF BUS PASS

Period _____



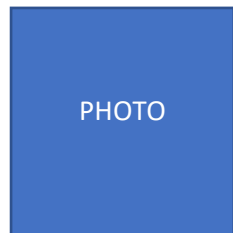
Name _____ Father's Name _____
Class _____ Roll No. _____ Contact No _____
Address _____
Pass required From _____ to _____ KM. _____
Amount _____

Date :-

Signature of Student

SH. L.N HINDU COLLEGE, ROHTAK
PARTICULARS OF STUDENT FOR ISSUE OF BUS PASS

Period _____



Name _____ Father's Name _____
Class _____ Roll No. _____ Contact No _____
Address _____
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