

Subscriber Name & Mobile Number: \_\_\_\_\_

Org. Name & Full Address: \_\_\_\_\_

Org. Seal & Auth. Signature with Date

	Name	Mobile Number										Appointment Date	Time	Remind 1 Day Before (Y/N)	Notes
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	Name	Mobile Number										Appointment Date	Time	Remind 1 Day Before (Y/N)	Notes
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Send Filled Forms to: **4uSofts Infomedia Pvt Ltd**, #422, 10th Main, Vivek Nagar, Bangalore – 560047. Phone: 080 – 60500121 (**or**) Designated Data Processing Executives.