	vaccination Reminder Form Shortk												e, instead use new	<u>riine)</u>					
	Subscriber Name & Mobile Number:													_					
	Org. Name & Full Address:														Org. Seal & Auth. Signature with Date				
	Parent Name	Mobile Number										Postal Pin Code	Child I	Name	Male / Female	Date of Birth			
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	Parent Name	Mobile Number								Postal Pin Code	Child Name	Male / Female	Date of Birth
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