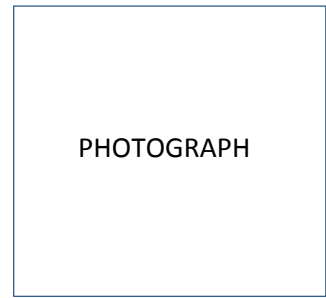


Leprosy Patient's Children's Education Fund

PROFILE



Allocation No. :

Name of the Child :

Male Female

Date of Birth :

Father's Name :

Mother's Name :

Residential Address:

Date of Joining in LPCEF Project :

Name of the School / Institution :

Address :

Phone No. :

E-Mail :

Studying in Class :

(Year 2011-212)

Brief history of parents :

Performance of the Child :

Sponsor's name / Address / Phone No. :

Sponsor Since :

Remarks :