

STUDENT HEALTH CARD

Name: _____

ID No.: _____

Class: _____

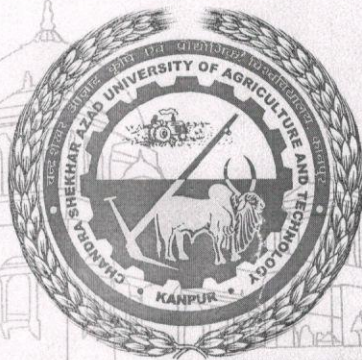
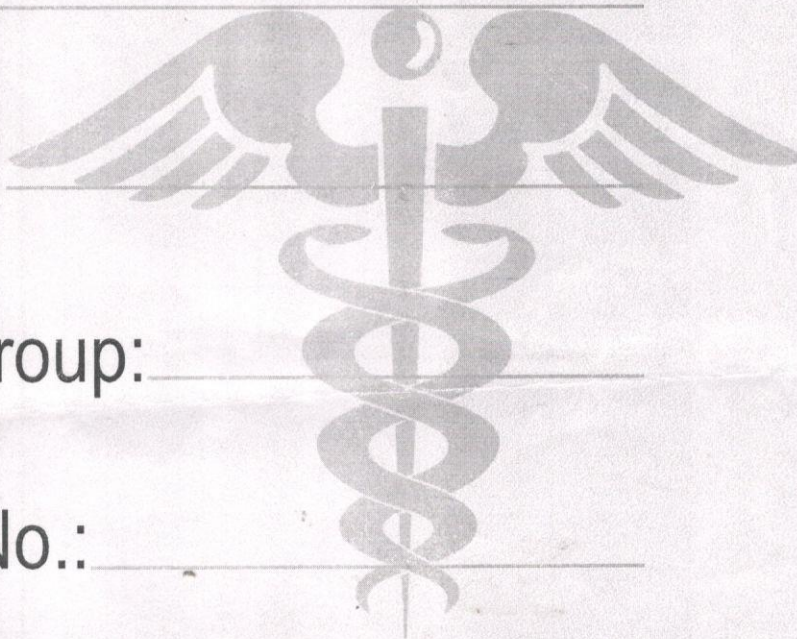
Gender: _____

Blood Group: _____

Mobile No.: _____

Address: _____

Student Photo



**Chandra Shekhar Azad University
of Agriculture and Technology, Kanpur**

