

JUNIOR RED CROSS KERALA
JRC A/B/C Level EXAMINATION 20.....-20.....

Name of District.....Sub Dist.....

Examination Centre:.....

Date of examination.....Tme.....

Absentees Statement

Room no	Reg no of absentees (A/B/C)	Reg no of absentees (A/B/C)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		

Signature of Chief Superintendent