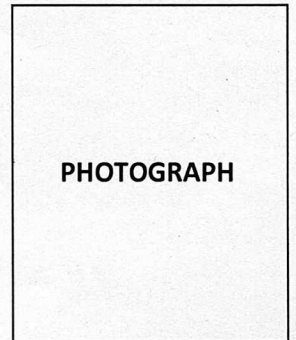


FORM FOR I-CARD OF MEDIA REPORTERS OF ASSAM
LEGISLATIVE ASSEMBLY

Name :
Media House :
Date of Birth :
Blood Group :
Contact Number :
Address :



Vehicle(if any) :

(Xerox copy of RC and DL to be attached)

Specimen Signature :

