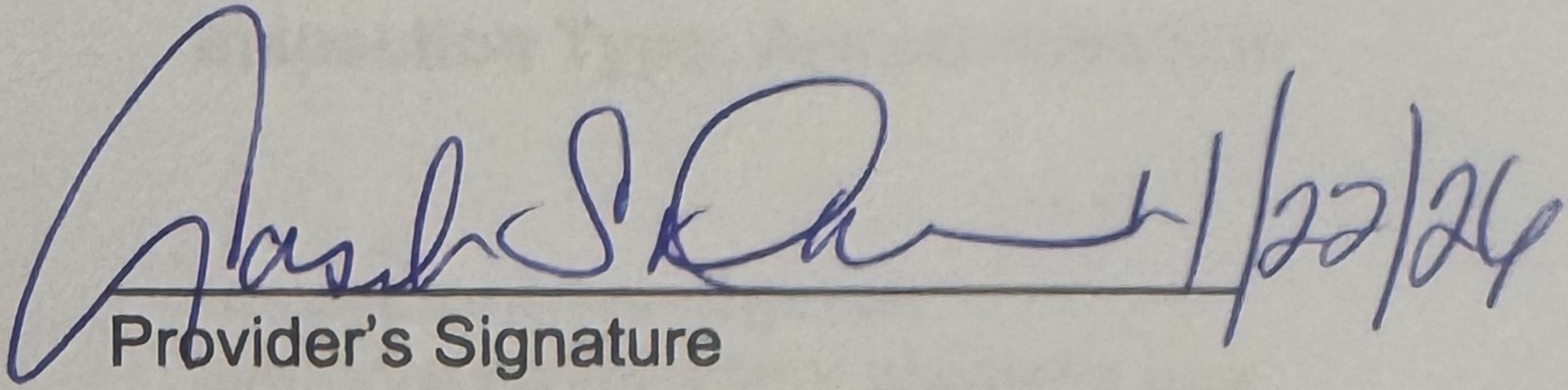


Evaluation Form

S No.	Deficiency
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Provider's Signature