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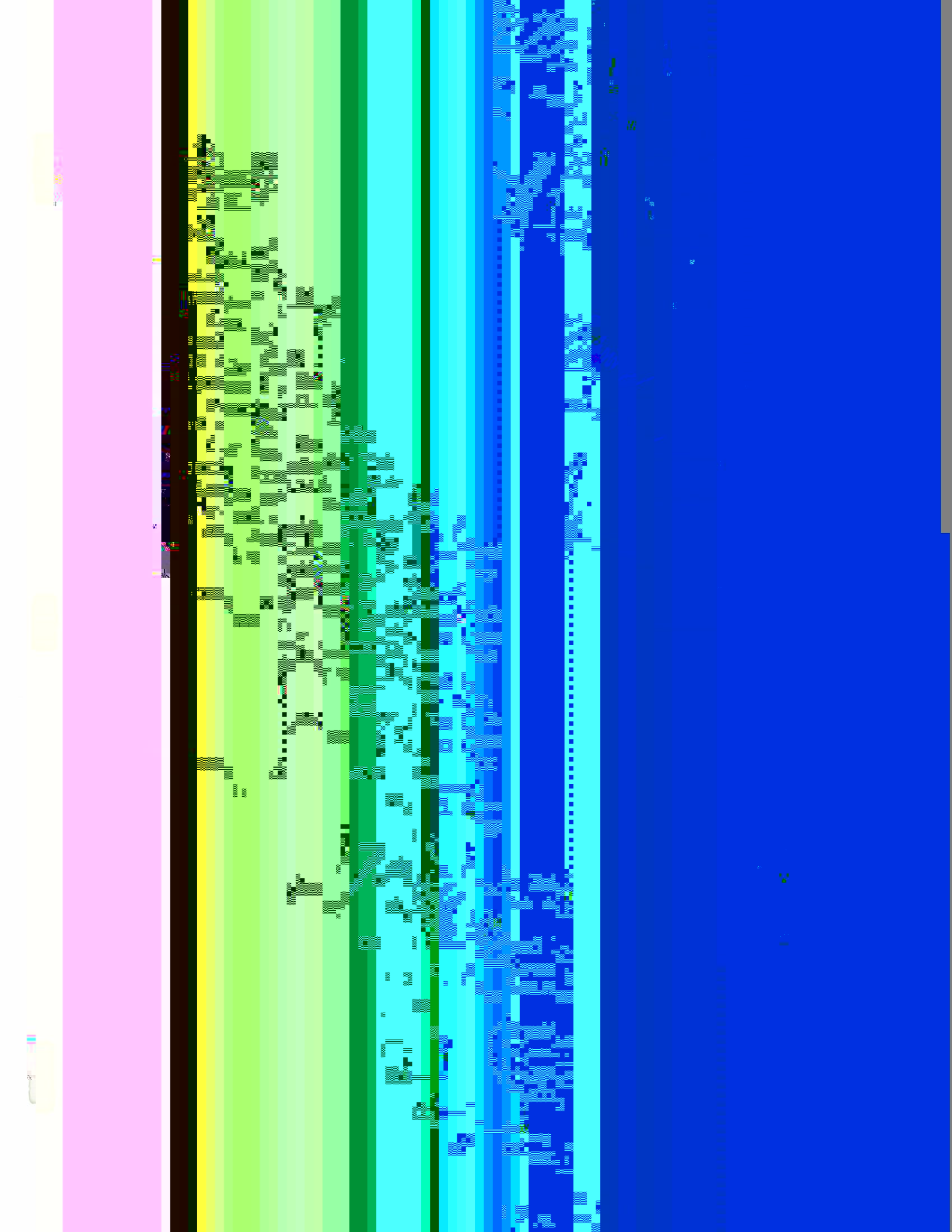
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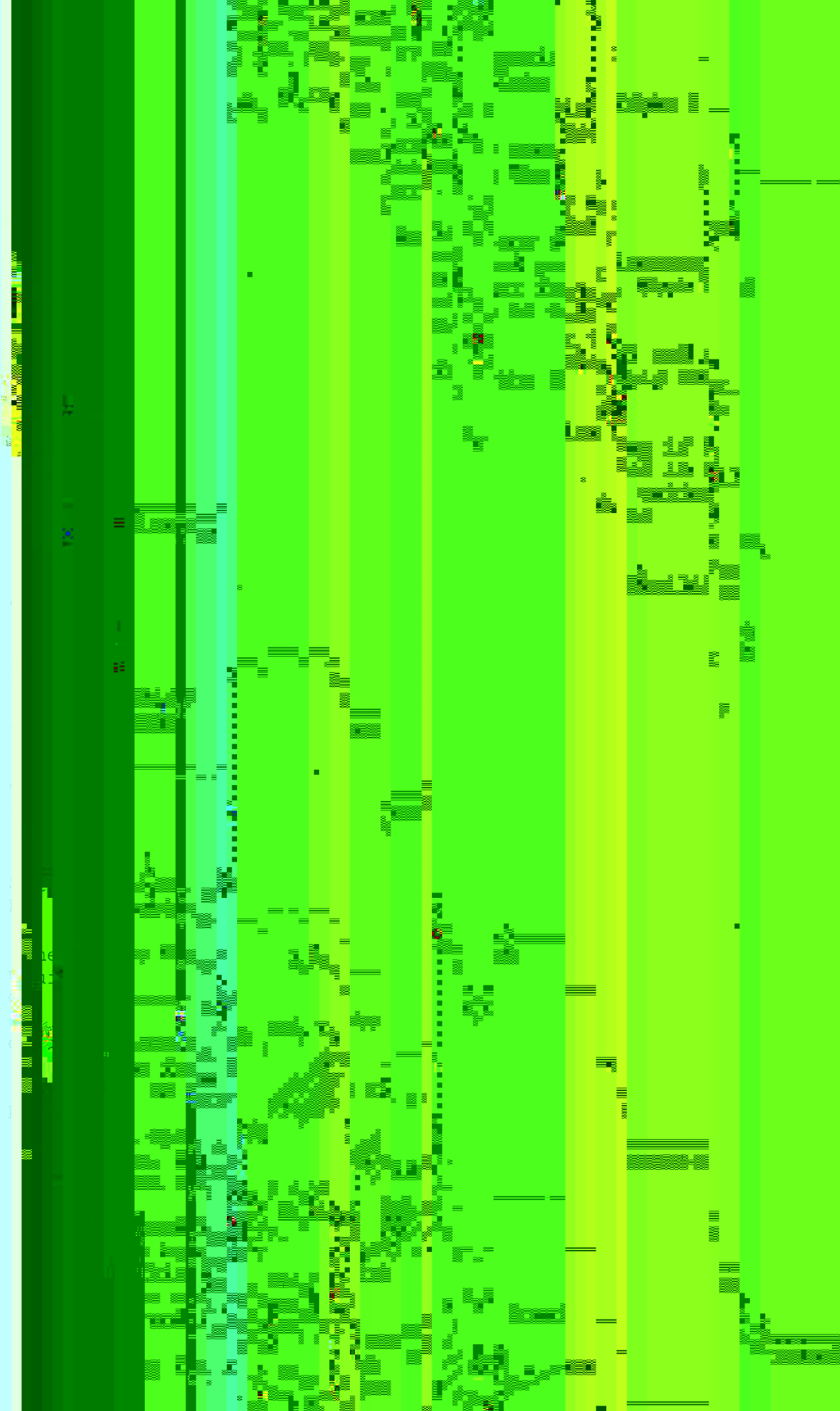
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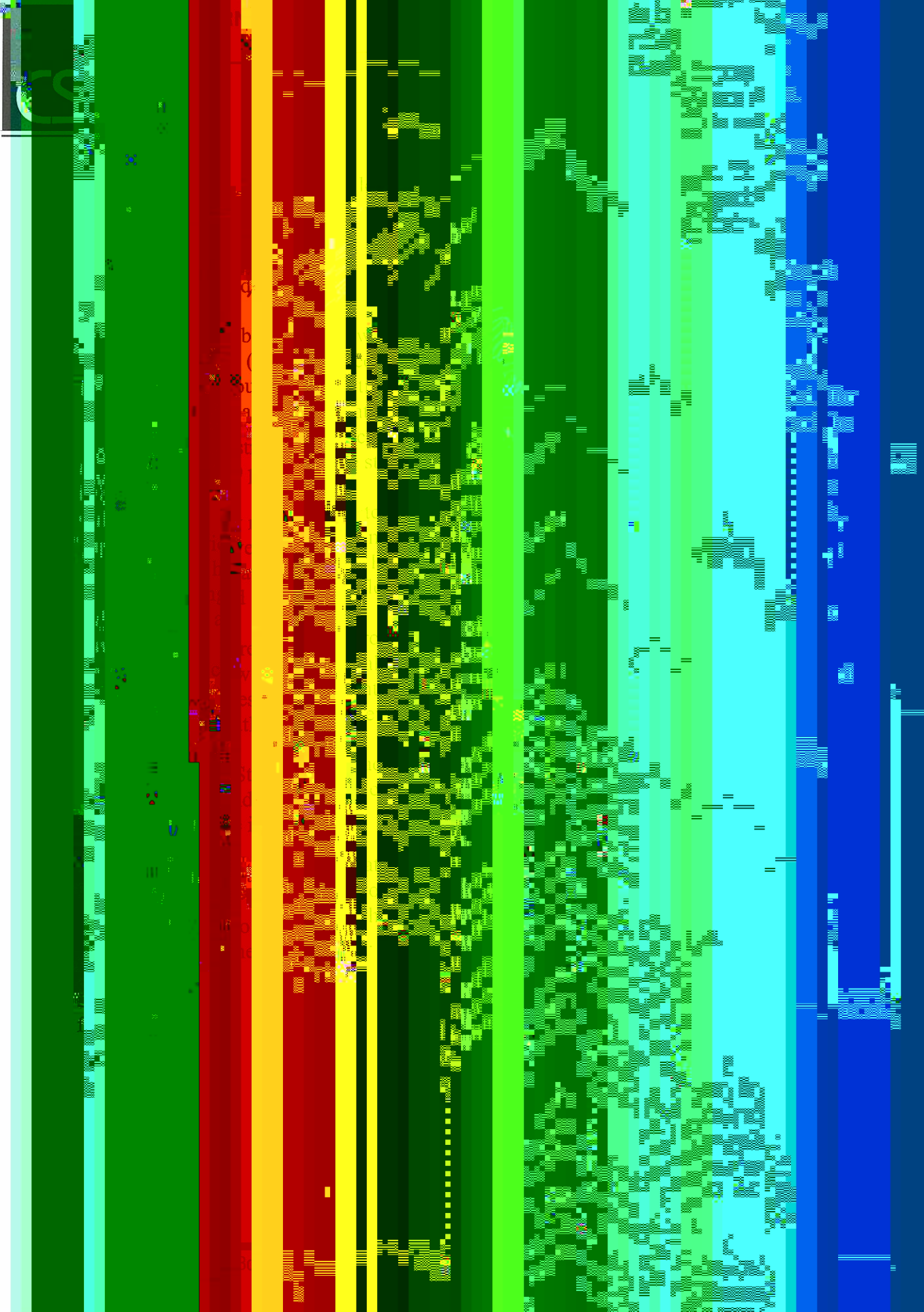
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Office of the Assistant Secretary for Health Policy and Practice

Office of the Assistant Secretary for Health Policy and Practice

Office of the Assistant Secretary for Health Policy and Practice

Office of the Assistant Secretary for Health Policy and Practice

Handwritten initials or signature



1. Name of the person: \_\_\_\_\_  
2. Address: \_\_\_\_\_  
3. Date of birth: \_\_\_\_\_  
4. Sex: \_\_\_\_\_  
5. Religion: \_\_\_\_\_  
6. Occupation: \_\_\_\_\_  
7. Signature: \_\_\_\_\_  
8. Date: \_\_\_\_\_

DECLARATION

I, \_\_\_\_\_, do hereby declare that the above information is true and correct to the best of my knowledge and belief. I have not provided any false or misleading information in this declaration.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

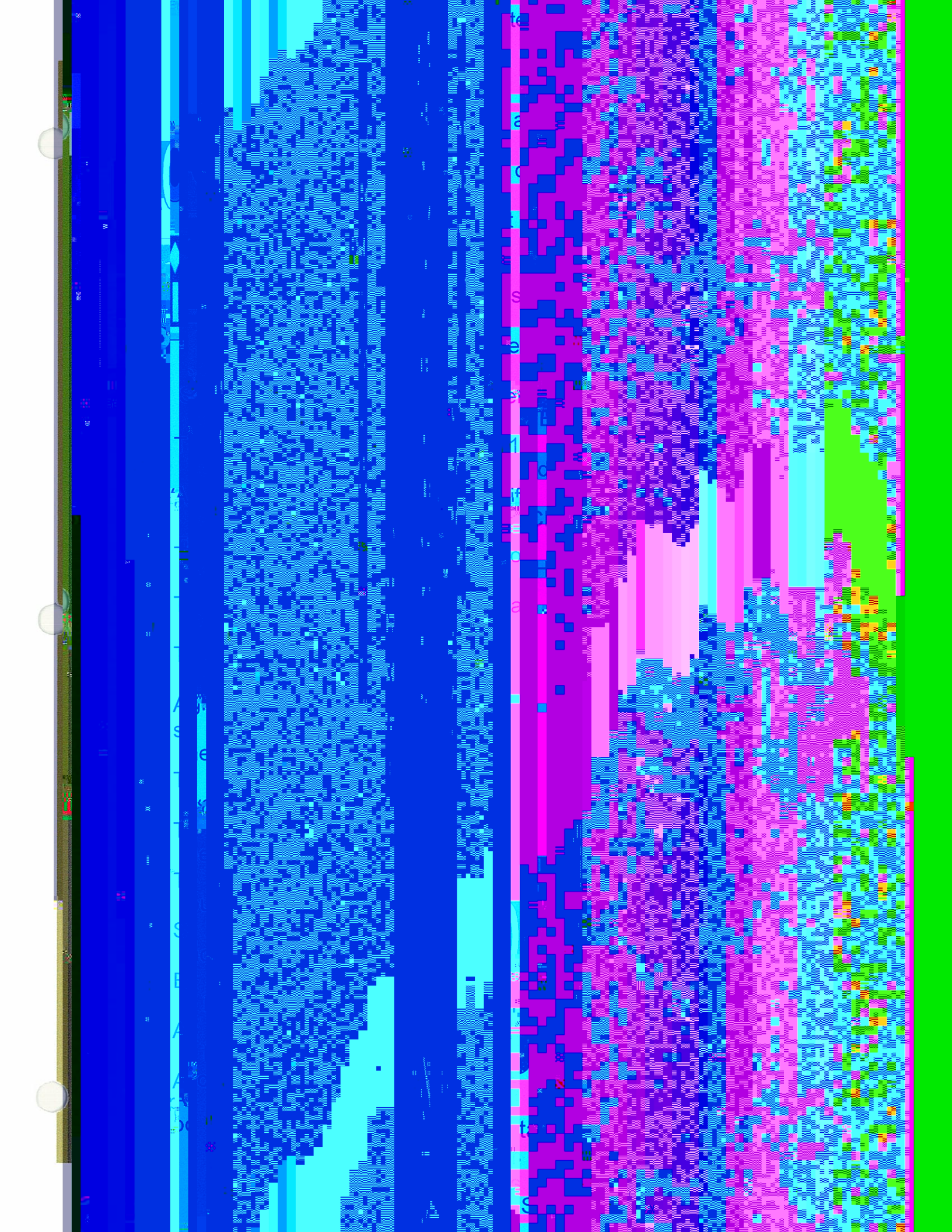
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MONTHLY FINANCIAL REPORT

MONTH OCTOBER 2007

[REDACTED]

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