	BEFORE START ENTRY KINDLY CHECK THE SAMPLE FORMAT FOR MEET													
EMIS NUMBER	CLASS	SCHOOL NAME	ZONE NAME	DISTRICT	First Name	Last Name	AGE	GRADE	Gender	BIB	EVENT#	SEED		
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Kind	lly send t	he above ment	ioned details	through E	Email before	e 15th Octo	ber 2023 o	only in E	xcel forma	at (bksvm	schoolcoo	ordinato	r@gmail.com)	
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