

<p>BOX No: <input type="text"/></p> <p><input type="checkbox"/> MAN <input type="checkbox"/> WOMAN <input type="checkbox"/> BABY/KIDS</p>	<p><input type="checkbox"/> BOOKS <input type="checkbox"/> BACKPACKS <input type="checkbox"/> SCHOOL SUPPLIES <input type="checkbox"/> WINTER CLOTHS <input type="checkbox"/> SARIES/KAMIZ <input type="checkbox"/> SHIRTS/PANTS</p>
<p>BOX No: <input type="text"/></p> <p><input type="checkbox"/> MAN <input type="checkbox"/> WOMAN <input type="checkbox"/> BABY/KIDS</p>	<p><input type="checkbox"/> BOOKS <input type="checkbox"/> BACKPACKS <input type="checkbox"/> SCHOOL SUPPLIES <input type="checkbox"/> WINTER CLOTHS <input type="checkbox"/> SARIES/KAMIZ <input type="checkbox"/> SHIRTS/PANTS</p>
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