

<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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