

Subject \_\_\_\_\_

Name \_\_\_\_\_

Class \_\_\_\_\_

Roll No. \_\_\_\_\_

Section \_\_\_\_\_

Teacher \_\_\_\_\_

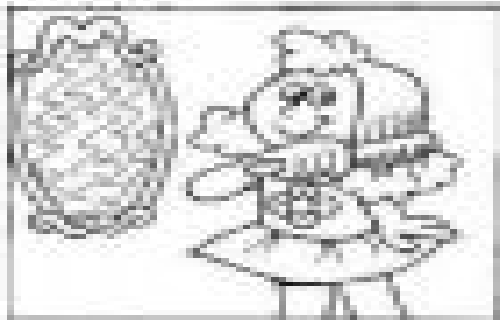
# healthy habits



Brushing my teeth



Washing my hands



Combing my hair



Taking a shower