

S.No. 1
क्रमांक 1



FORM 5
प्रपत्र-5



GOVERNMENT OF ASSAM
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DEPARTMENT OF HEALTH AND FAMILY
WELFARE
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WELFARE
DEPARTMENT OF HEALTH AND FAMILY
WELFARE
BIRTH CERTIFICATE
BANGALI

(THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR S.K. ROY CIVIL HOSPITAL, HAILAKANDI OF TAHSIL/BLOCK HAILAKANDI OF DISTRICT HAILAKANDI OF STATE/UNION TERRITORY ASSAM, INDIA..)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE ASSAM REGISTRATION OF BIRTHS & DEATHS RULES 1999)

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NAME / नाम : SITU RANI DAS

SEX / लिंग : FEMALE

AADHAAR NUMBER / आधार नंबर : XXXXXXXX 2434

DATE OF BIRTH / जन्म तिथि :

30/11/1971

PLACE OF BIRTH / जन्म स्थान :

MASIMPUR

NAME OF MOTHER / माता का नाम :

ALONGO BALA DAS

NAME OF FATHER / पिता का नाम:

PRADHANYA CHANDRA DAS

AADHAAR NUMBER OF MOTHER / आधार नंबर: XXXXXXXX

AADHAAR NUMBER OF FATHER / आधार नंबर: XXXXXXXX

ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD /

बच्चे के जन्म के समय माता-पिता का पता:

MASIMPUR PART I SUBEDARBOSTHI

PERMANENT ADDRESS OF PARENTS / माता-पिता के स्थायी पता:

MASIMPUR PART I

REGISTRATION NUMBER / पंजीकरण संख्या:

B-2024: 9-90347-001416

DATE OF REGISTRATION / पंजीकरण तारीख:

05-08-2022

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DATE OF ISSUE / जारी करने की तिथि:

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SIGNATURE OF ISSUING AUTHORITY / जारी करने वाला प्राधिकारी:

S.K. ROY CIVIL HOSPITAL

BANGLAI

S.K ROY CIVIL HOSPITAL, HAILAKHANDI

S. K. ROY CIVIL HOSPITAL HAILAKHANDI

"ENSURE REGISTRATION OF EVERY BIRTH AND DEATH / प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें"