

S.No. 1



FORM 5



GOVERNMENT OF ASSAM
DEPARTMENT OF HEALTH AND FAMILY WELFARE
MANGALDAI CIVIL HOSPITAL

BIRTH CERTIFICATE

(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.)

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR MANGALDAI CIVIL HOSPITAL OF TAHSIL/BLOCK MANGALDOI OF DISTRICT DARRANG OF STATE/UNION TERRITORY ASSAM, INDIA.

NAME : AMENA KHATUN

SEX : महिला / FEMALE

AADHAAR NUMBER:

DATE OF BIRTH:

01-01-2002

FIRST -JANUARY-TWO THOUSAND TWO--

PLACE OF BIRTH:

MANGALDOI CIVIL HOSPITAL

NAME OF MOTHER:

ALESA KHATUN

NAME OF FATHER:

RAHIM ALI

AADHAAR NUMBER OF MOTHER:

AADHAAR NUMBER OF FATHER:

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

VILL CHUBURA CHUBURI PATAHAR PO ORANG DIST UDALGURI ASSAM
784114

PERMANENT ADDRESS OF PARENTS:

VILL CHUBURA CHUBURI PATAHAR PO ORANG DIST UDALGURI ASSAM
784114

REGISTRATION NUMBER:

B20251890347002202

DATE OF REGISTRATION:

06-09-2024

REMARKS (IF ANY):

DATE OF ISSUE:

08-09-2025

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'This QR code can be used to check the authenticity of the certificate'

SIGNATURE OF ISSUING AUTHORITY:

REGISTRAR (BIRTH & DEATH)
MANGALDAI CIVIL HOSPITAL

"ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"