

S.No. 1
क्रमांक 1



GOVERNMENT OF RAJASTHAN
DIRECTORATE OF ECONOMICS &
STATISTICS
GOVT. BANGUR HOSPITAL PALI RAJASTHAN

FORM 5
प्रपत्र-5



BIRTH CERTIFICATE

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS AND DEATHS ACT, 1969 AND RULE 8/13 OF THE RAJASTHAN REGISTRATION OF BIRTHS AND DEATHS RULES, 2000.)

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR (LOCAL AREA/LOCAL BODY) GOVT BANGUR HOSPITAL PALI OF TEHSIL/BLOCK PALI OF DISTRICT PALI OF STATE/UNION TERRITORY RAJASTHAN

NAME / नाम : GAMERI BAI GAYARI

SEX / लिंग : FEMALE

AADHAAR NUMBER / आधार नंबर : XXXXXXXX 2195

DATE OF BIRTH / जन्म तिथि :

01/01/1970

FIRST OF JANUARY, NINETEEN SEVENTY

PLACE OF BIRTH / जन्म स्थान :

PIND RAJSTHAN

NAME OF MOTHER / माता का नाम :

KANKU BAI

NAME OF FATHER / पिता का नाम:

SHANKAR LAL

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:

PIND RAJSTHAN

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

PIND RAJSTHAN

REGISTRATION NUMBER / पंजीकरण संख्या:

B-2024: 9-90347-00516

DATE OF REGISTRATION / पंजीकरण तारीख:

05-08-2022

REMARKS (IF ANY) / टिप्पणी (यदि कोई हो):

DATE OF ISSUE / जारी करने की तिथि:

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

SIGNATURE OF ISSUING AUTHORITY / जारी करने वाला प्राधिकारी:

RAGISTRAR (BIRTH & DEATH)

GOVT. BANGUR HOSPITAL PALI RAJASTHAN

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