

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 : GULAP MOSTAFA

SEX : পুৰুষ / MALE

AADHAAR NUMBER:

DATE OF BIRTH:

01-01-1975

FIRST -JANUARY-ONE THOUSAND NINE HUNDRED SEVENTY FIVE--

PLACE OF BIRTH:

MANGALDOI CIVIL HOSPITAL

NAME OF MOTHER:

GULBANHU

NAME OF FATHER:

ABDUL JALIL

AADHAAR NUMBER OF MOTHER:

AADHAAR NUMBER OF FATHER:

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

MOUSITHA GASARGOR, PO- SHYAMTILA, DARRANG, ASSAM, 784190

PERMANENT ADDRESS OF PARENTS:

MOUSITHA GASARGOR, PO- SHYAMTILA, DARRANG, ASSAM, 784190

REGISTRATION NUMBER:

B202518903470091728

DATE OF REGISTRATION:

18-09-2024

REMARKS (IF ANY):

DATE OF ISSUE:

10-09-2025

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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"