

S.No. 1
क्रमांक 1



GOVERNMENT OF ASSAM
DEPARTMENT OF HEALTH AND FAMILY
WELFARE
R.N.B. CIVIL HOSPITAL, KOKRAJHAR

FORM 5
प्रपत्र-5



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 R.N.B. CIVIL HOSPITAL, KOKRAJHAR OF TAHSIL/BLOCK KOKRAJHAR OF DISTRICT KOKRAJHAR OF STATE/UNION TERRITORY ASSAM, INDIA.

NAME / नाम : HABIJA KHATUN

SEX / लिंग : FEMALE

AADHAAR NUMBER / आधार नंबर : XXXXXXXX 5730

DATE OF BIRTH / जन्म तिथि :

01/04/2001

FIRST APRIL TWO THOUSAND ONE

PLACE OF BIRTH / जन्म स्थान :

KHUSURBARI

NAME OF MOTHER / माता का नाम :

MAHIRAN NESSA

NAME OF FATHER / पिता का नाम:

BAHAR ALI

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:

KHUSURBARI HABIGAON UDALGURI ASSAM-784509

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

KHUSURBARI HABIGAON UDALGURI ASSAM-784509

REGISTRATION NUMBER / पंजीकरण संख्या:

B-2024: 9-90347-00165

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:

GENERAL PUBLIC (BIRTH & DEATH)

R.N.B. CIVIL HOSPITAL, KOKRAJHAR

आर.एन.बी. सिविल अस्पताल, कटोकराझार

