

S.No. 1



FORM 5



GOVERNMENT OF UTTAR PRADESH  
DEPARTMENT OF MEDICAL AND HEALTH  
COMMUNITY HEALTH CENTRE DHAMPUR

**BIRTH CERTIFICATE**

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTAR PRADESH 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 COMMUNITY HEALTH CENTRE DHAMPUR OF TAHSIL/BLOCK DHAMPUR OF DISTRICT BIJNOR OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA.

**NAME :** KAVIYA

**SEX :** महिला / FEMALE

**AADHAAR NUMBER:**

**DATE OF BIRTH:**

16-05-2021

SIXTEENTH -MAY-TWO THOUSAND TWENTY ONE--

**PLACE OF BIRTH:**

DHAMPUR

**NAME OF MOTHER:**

KAVITA EVI

**NAME OF FATHER:**

DHARMENDRA

**AADHAAR NUMBER OF MOTHER:**

XXXX-XXXX-2124

**AADHAAR NUMBER OF FATHER:**

XXXX-XXXX-8519

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

GRAM SALARABAD POST MANPUR SHIVPURI DHAMPUR BIJNOR  
246761

**PERMANENT ADDRESS OF PARENTS:**

GRAM SALARABAD POST MANPUR SHIVPURI DHAMPUR BIJNOR  
246761

**REGISTRATION NUMBER:**

B20250990347002945

**DATE OF REGISTRATION:**

21-05-2021

**REMARKS (IF ANY):**

**DATE OF ISSUE:**

27-07-2025

Updated On: 27-07-2025 12:15:14



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

**SIGNATURE OF ISSUING AUTHORITY:**

REGISTRAR (BIRTH & DEATH)

COMMUNITY HEALTH CENTRE DHAMPUR

"ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"