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Form-5

GOVERNMENT OF WEST BENGAL  
DEPARTMENT OF HEALTH AND FAMILY WELFARE



HABRA STATE GENERAL HOSPITAL

**BIRTH CERTIFICATE**

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE WEST BENGAL

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR AAA OF TAHSIL/BLOCK BBB OF DISTRICT CCC OF STATE/UNION TERRITORY DDD, INDIA.

|                                                            |                                                                          |                          |                             |
|------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------|-----------------------------|
| NAME :                                                     | RATAN LAL SHAW                                                           | GENDER :                 | MALE                        |
| DATE OF BIRTH :                                            | 17-02-1982                                                               | PLACE OF BIRTH :         | HABRA STATE GENERALHOSPITAL |
| NAME OF MOTHER :                                           | MINA SHAW                                                                | NAME OF FATHER :         | MANNU SHAW                  |
| MOTHERS IDENTITY PROOF :                                   | XXXXXXXXXNA                                                              | FATHERS IDENTITY PROOF : | XXXXXXXXXNA                 |
| PRESENT ADDRESS OF MOTHER AT THE TIME BIRTH OF THE CHILD : | MITRA BABU BAZAR HAZINAGAR JADUNATH BATI NORTH 24 PGS WEST BENGAL-743135 |                          |                             |
| PERMANENT ADDRESS OF MOTHER :                              | MITRA BABU BAZAR HAZINAGAR JADUNATH BATI NORTH 24 PGS WEST BENGAL-743135 |                          |                             |
| CERTIFICATE NO :                                           | B/2024816218                                                             | DATE OF REGISTRATION :   | 28-01-2020                  |
| S-UHID :                                                   | 98870991303239                                                           | REMARKS (IF ANY) :       |                             |
| DATE OF ISSUE :                                            | 28-01-2020                                                               | ISSUING AUTHORITY :      |                             |
| UPDATED ON :                                               | 19-06-2024 12:26:25                                                      |                          |                             |



Signature Valid  
Digitally Signed.  
Name: SADIQUE KHAN  
Date: 19-06-2024 12:26:25

**REGISTRAR (BIRTH & DEATH)**  
**HABRA STATE GENERAL HOSPITAL**

"THIS IS A COMPUTER GENERATED CERTIFICATE."  
THE GOVT.OF INDIA VIDE CIRCULAR NO. 1 / 12 / 2014 - VS(CRS) DATED 27 - JULY - 2015  
HAS APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES  
"ENSURE REGISTRATION OF EVERY BIRTH AND DEATH"