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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 :	KALYANI DEBNATH	GENDER :	FEMALE
DATE OF BIRTH :	20-05-1956	PLACE OF BIRTH :	HABRA STATE GENERAL HOSPITAL
NAME OF MOTHER :	SINDHU BALA NATH	NAME OF FATHER :	BIPIN CHANDRA NATH
MOTHERS IDENTITY PROOF :	XXXXXXXXxxna	FATHERS IDENTITY PROOF :	XXXXXXXXxxna
PRESENT ADDRESS OF MOTHER AT THE TIME BIRTH OF THE CHILD :	MAMUDPUR BORA MAMUDPUR P NORTH 24 PGS WEST BENGAL 743166		
PERMANENT ADDRESS OF MOTHER :	MAMUDPUR BORA MAMUDPUR P NORTH 24 PGS WEST BENGAL 743166		
CERTIFICATE NO :	B/2024271738	DATE OF REGISTRATION :	06-06-2024
S-UHID :	98870991989410	REMARKS (IF ANY) :	
DATE OF ISSUE :	06-06-2024	ISSUING AUTHORITY :	
UPDATED ON :	16-06-2024 04:57:28		



Signature Valid
Digitally Signed.
Name: SADIQUE KHAN
Date: 16-06-2024 04:57:28

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"