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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 :	BELA SARKAR	GENDER :	FEMALE
DATE OF BIRTH :	05-01-1986	PLACE OF BIRTH :	HABRA STATE GENERAL HOSPITAL
NAME OF MOTHER :	SARASWATI MAONDAL	NAME OF FATHER :	SANKAR MONDAL
MOTHERS IDENTITY PROOF :	XXXXXXXXXna	FATHERS IDENTITY PROOF :	XXXXXXXXXna
PRESENT ADDRESS OF MOTHER AT THE TIME BIRTH OF THE CHILD :	181 GG ROAD NAIHATI NORTH 24 PGS WEST BENGAL 743165		
PERMANENT ADDRESS OF MOTHER :	181 GG ROAD NAIHATI NORTH 24 PGS WEST BENGAL 743165		
CERTIFICATE NO :	B/2024417843	DATE OF REGISTRATION :	09-07-2014
S-UHID :	98870991951395	REMARKS (IF ANY) :	
DATE OF ISSUE :	09-07-2014	ISSUING AUTHORITY :	
UPDATED ON :	19-06-2024 06:42:44		



Signature Valid
Digitally Signed.
Name: SADIQUE KHAN
Date: 19-06-2024 06:42:44

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"