



GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH AND FAMILY WELFARE
SUB DIVISIONAL HOSPITAL KATWA

ফর্ম-৫
Form-5



BIRTH CERTIFICATE

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE WEST BENGAL REGISTRATION OF BIRTHS & DEATHS RULES 2000.)

THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR SUB DIVISIONAL HOSPITAL KATWA OF BLOCK/MUNICIPALITY MUNICIPALITY KATWA OF DISTRICT PURBA BARDHAMAN OF STATE WEST BENGAL, INDIA.

NAME :	LAJINA KHATUN	GENDER :	FEMALE
DATE OF BIRTH :	08/02/2023	PLACE OF BIRTH :	SUB DIVISIONAL HOSPITAL KATWA, MUNICIPALITY KATWA, PURBA BARDHAMAN, WEST BENGAL
NAME OF MOTHER :	SHEFALI KHATUN BIBI	NAME OF FATHER :	ABDULLA SK
MOTHER'S IDENTITY PROOF :	AADHAAR- XXXXXXXX6913	FATHER'S IDENTITY PROOF :	AADHAAR- XXXXXXXX7670
PRESENT ADDRESS OF MOTHER AT THE TIME BIRTH OF THE CHILD :	LOCALITY:- KHAJURDIHI,VILLAGE/TOWN:- KHAJURDIHI,KATWA - I BLOCK,DIST:- PURBA BARDHAMAN,WEST BENGAL-713150		
PERMANENT ADDRESS OF MOTHER :	LOCALITY:- KHAJURDIHI,VILLAGE/TOWN:- KHAJURDIHI,KATWA - I BLOCK,DIST:- PURBA BARDHAMAN,WEST BENGAL-713150		
CERTIFICATE NO :	B/2023/185926	DATE OF REGISTRATION :	13/02/2023
S-UHID :	59334389626888	REMARKS (IF ANY) :	
DATE OF ISSUE :	13/02/2023	ISSUING AUTHORITY :	
UPDATED ON :	2023-02-13 11:43:20		



Signature valid
Digitally Signed
Name: PRANAB DAS
Date: 13-Feb-2023 16:32:01

SUB-REGISTRAR (BIRTH & DEATH)
SUB DIVISIONAL HOSPITAL KATWA

"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 "