

S.No. 1  
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GOVERNMENT OF ASSAM

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DEPARTMENT OF HEALTH AND FAMILY  
WELFARE

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WELFARE

**BIRTH CERTIFICATE**

**BANGALI**

FORM 5

प्रपत्र-5



(THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR S.K. ROY CIVIL HOSPITAL, HAILAKANDI OF TAHSIL/BLOCK HAILAKANDI OF DISTRICT HAILAKANDI OF STATE/UNION TERRITORY ASSAM, INDIA..)

(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE ASSAM REGISTRATION OF BIRTHS & DEATHS RULES 1999)

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NAME / नाम : SAHIDUL ISLAM CHOUDHURY

SEX / लिंग : MALE

AADHAAR NUMBER / आधार नंबर : XXXXXXXX 6457

DATE OF BIRTH / जन्म तिथि :

30/11/1977

PLACE OF BIRTH / जन्म स्थान :

BAKRI HOWAR PT X

NAME OF MOTHER / माता का नाम :

ALFORI BIBI CHOUDHURY

NAME OF FATHER / पिता का नाम:

MUSA MIA CHOUDHURY

AADHAAR NUMBER OF MOTHER / आधार नंबर: XXXXXXXX

AADHAAR NUMBER OF FATHER / आधार नंबर: XXXXXXXX

ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD /

बच्चे के जन्म के समय माता-पिता का पता:

BAKRI HOWAR PT X 11:45:56

PERMANENT ADDRESS OF PARENTS / माता-पिता के स्थायी पता:

BAKRI HOWAR PT X

REGISTRATION NUMBER / पंजीकरण संख्या:

B-2024: 9-90347-005932

DATE OF REGISTRATION / पंजीकरण तारीख:

05-08-2022

REMARKS (IF ANY) / टिप्पणी (यदि कोई हो):

DATE OF ISSUE / जारी करने की तिथि:

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

SIGNATURE OF ISSUING AUTHORITY / जारी करने वाला प्राधिकारी:

S.K. ROY CIVIL HOSPITAL

BANGLAI

S.K ROY CIVIL HOSPITAL, HAILAKHANDI

S.K. ROY CIVIL HOSPITAL HAILAKHANDI

"ENSURE REGISTRATION OF EVERY BIRTH AND DEATH / प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें"