



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

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 RAGHUNATHPUR OF BLOCK/MUNICIPALITY MUNICIPALITY RAGHUNATHPUR OF DISTRICT PURULIA OF STATE WEST BENGAL, INDIA.

NAME : NEEL MALAKAR GENDER : MALE  
DATE OF BIRTH : 29/07/2023 PLACE OF BIRTH : SUB DIVISIONAL HOSPITAL  
RAGHUNATHPUR, MUNICIPALITY  
RAGHUNATHPUR, PURULIA, WEST  
BENGAL  
NAME OF MOTHER : PUTUL MALAKAR NAME OF FATHER : KAJAL MALAKAR  
MOTHER'S IDENTITY PROOF : AADHAAR-  
XXXXXXXXXX6802 FATHER'S IDENTITY PROOF : AADHAAR- XXXXXXXXX3211  
PRESENT ADDRESS OF MOTHER AT THE TIME BIRTH OF THE CHILD : BLDG.NO & NAME:- VILL-PATHARBARI,LOCALITY:- POST-BARRAH,VILLAGE/TOWN:-  
TELKUPI,RAGHUNATHPUR - II BLOCK,DIST:- PURULIA,WEST BENGAL-723145  
PERMANENT ADDRESS OF MOTHER : BLDG.NO & NAME:- VILL-PATHARBARI,LOCALITY:- POST-BARRAH,VILLAGE/TOWN:-  
TELKUPI,RAGHUNATHPUR - II BLOCK,DIST:- PURULIA,WEST BENGAL-723145  
CERTIFICATE NO : B/2023/1022109 DATE OF REGISTRATION : 15/09/2023  
S-UHID : 11368740076485 REMARKS (IF ANY) :  
DATE OF ISSUE : 15/09/2023 ISSUING AUTHORITY :  
UPDATED ON : 2023-08-10 13:23:00



Signature valid

Digitally Signed  
Name: SANTANU MUKHERJEE  
Date: 15-Sep-2023 12:20:02

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

"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"