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Form-5

GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH AND FAMILY WELFARE

SUB DIVISIONAL HOSPITAL BOLPUR



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 BOLPUR OF BLOCK/MUNICIPALITY MUNICIPALITY BOLPUR OF DISTRICT BIRBHUM OF STATE WEST BENGAL, INDIA.

NAME :	SUMAIYA PARVIN	GENDER :	FEMALE
DATE OF BIRTH :	14/07/2023	PLACE OF BIRTH :	SUB DIVISIONAL HOSPITAL BOLPUR, MUNICIPALITY BOLPUR, BIRBHUM, WEST BENGAL
NAME OF MOTHER :	ASMINA KHATUN	NAME OF FATHER :	SEIKH KAMAL UDDIN
MOTHER'S IDENTITY PROOF :	AADHAAR-XXXXXXX4812	FATHER'S IDENTITY PROOF :	AADHAAR- XXXXXXXX8895
PRESENT ADDRESS OF MOTHER AT THE TIME BIRTH OF THE CHILD :	STREET/LANE:- MATINAGAR LADANGA,LOCALITY:- NURPUR,VILLAGE/TOWN:- MATINAGAR,NANOOR BLOCK,DIST:- BIRBHUM,WEST BENGAL-		
PERMANENT ADDRESS OF MOTHER :	STREET/LANE:- MATINAGAR LADANGA,LOCALITY:- NURPUR,VILLAGE/TOWN:- MATINAGAR,NANOOR BLOCK,DIST:- BIRBHUM,WEST BENGAL-		
CERTIFICATE NO :	B/2023/770552	DATE OF REGISTRATION :	17/07/2023
S-UHID :	10589774679129	REMARKS (IF ANY) :	
DATE OF ISSUE :	17/07/2023	ISSUING AUTHORITY :	
UPDATED ON :	2023-07-17 13:42:52		



Signature valid
Digitally Signed
Name: SIRAJUDDIN HOLLA SEKH
Date: 17-Jul-2023 13:50:38

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

"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"