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FORM NO. 5

**GOVERNMENT OF MEGHALAYA**

DEPARTMENT OF HEALTH &amp; FAMILY WELFARE

**BIRTH CERTIFICATE***(Issued under Section 12/17 of the Registration of Births & Deaths Act, 1969)*

This is to certify that the following information has been taken from the original record of birth which is the register for (Local Areas) Shillong Municipal Board

of Tahsil \_\_\_\_\_ of District East Khasi Hills

of State Meghalaya

Name Saptadipa Paul

Sex Female

Date of Birth 8/5/1993 Court order misc case no. 2018(t) 2008

Place of Birth Nazareth Hospital, Shillong

Name of Father Mr. Bidhu Paul

Name of Mother Mrs. Sukla Paul

Registration No. D/ 3989

Date of Registration 10/6/2008

Date 11/6/2008



Signature of issuing authority

*Dr. R. L. Sohkhiet*  
Seal  
Medical & Health Officer  
Registrar Of Births & Death  
Shillong Municipal Board.