GOVT. OF INDIA
ADMINISTRATION OF THE
UNION TERRITORY OF LAKSHADWEEP
DEPARTMENT OF MEDICAL AND HEALTH SERVICES

FORM NO. 5

(See Rule 8)

BIRTH CERTIFICATE

(Issued under Section 12/17)

This is to certify that the following information has been taken from the original record of birth which is the register for (Local Area) .....of Tahsil.....of District.....of State.....for the year.....

Name.....
Sex.....
Date of Birth.....
Place of Birth.....
Name of Father.....
Name of Mother.....
Permanent Address of 1) Father.....
2) Mother.....

Registration No.....
Date of Registration.....

Date.....

Signature of Issuing Authority
Seal

LGP.Kvt. R- 201(4)/9-05/500