

FORM NO. 7

(See Rule 12)

FORM No. 1

BIRTH REGISTER
BIRTH REPORT
Legal information

This part to be added to the Birth Register

To be filled by the informant

1. Date of Birth : (Enter the exact day, month and year the Child was born e.g. 1-1-2000) 10-06-1989

2. Sex : (Enter "Male" or "Female" ; do not use abbreviation) : Female

3. Name of the child, if any : DORJEE DEMA THUNGN
(if not named, leave blank)

4. Name of the father : TENZING TSERING THUNGN
(Full name as usually written)

5. Name of the mother : NAMJA DEMO THUNGN
(Full name as usually written)

6. Place of birth : (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)

1. Hospital/Institution Name:

2. House Address:

7. (i) Information's name: Tenzing Tsering Thungon

Address: Shergaon, west Kameng dist. A.P.

(ii) Permanent address of parents : Vill- Shergaon, P.S.-Kalakhang.

(iii) Address of the parents at the time of birth of child : Shergaon.

(After completing all columns 1 to 20 informant will put date and Signature here)

Date : 21.11.2022

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. : Registration Date :

Registration Unit :

Town/Village : District :

Remarks (if any) :

Name and signature of the Registrar