

FORM NO. 1

FORM NO. 7  
(See Rule 12)

BIRTH REGISTER  
BIRTH REPORT  
Legal Information

This part to be added to the Birth Register

To be fill by the informant

1. Date of birth : (Enter the exact day, month and year the Child was born e.g. 1-1-2000) **01/07/1965**
2. Sex : (Enter " male" or " Female"; do not abbreviation) **Female**
3. Name of the child, if any : (If not named, leave blank) **Mrs Phoyin Banghia.**
4. Name of the mother : (Full name as usually written) **M. N. Banghia.**
5. Name of the father : (Full name as usually written) **M. G. Banghia**
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 : ~~Chhanna village~~

2. House

Address : ~~Lapnan~~  
**PO/MS - Khonsa, Tirap Dist. (AT)**

7. (i) Informant's Name : **Mrs. Nyammian Banghia,**  
Address : **Lapnan village.**

(ii) Permanent Address of parents : VILL. **Lapnan** P.O. **Khonsa.**  
DIST. **Tirap** STATE **Assam**

(iii) Address of the parents at the time of birth of child : **Lapnan village, Tirap Dist.**  
(After completing all columns 1 to 20 informant will put date and signature here)

Date :

**Nyammian Banghia**  
Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. :

Registration Date :

Registration Unit : **Khonsa**

Town/Village :

District : **Tirap**

Remarks (if any) :

Name and signature of the Registrar

**Self Attested.**

