Form 5

GOVERNMENT OF TELANGANA

HEALTH, MEDICAL & FAMILY WELFARE DEPARTMENT

BIRTH CERTIFICATE

(Issued under Section 12(1) of the Registration of Births and Deaths of the Registration of Births and Deaths Act, 1969 and Rule 8(1) of the Registration of Births and Deaths Rules 1999)
This is to certify that the following information has been taken from the original record of birth, which is the register for of WARANGAL MUNICIPAL CORPORATION Telangana State, India.

Name	:	RAHUL SHARMA
Sex	:	MALE
Date of Birth	:	15/07/2000
Place of Birth	:	GOVT MATERNITY HOSPITAL RESIDENT MEDICAL OFFICER HANAMKONDA WARANGAL
Name of Mother	:	SONAMI SHARMA
Name of the Father	:	SHAURABH SHARMA

Address of the parents at the time of Birth of Child :
OPP SALES TAX OFFICE, MADHAVA, BANDRA KURLA COMPLEX, BANDRA(E)

Permanent Address of parents :
OPP SALES TAX OFFICE, MADHAVA, BANDRA KURLA COMPLEX, BANDRA(E)

Registration No	:	7160
Date of Registration	:	21/07/2025
Date of Issue	:	05/08/2025
Remarks	:	

Registrar of Births & Deaths
Designation : MUNICIPAL COMMISSIONER

Note: The information is as provided by Hospital authorities and does not require physical signature.And this certificate can verified at http://ulsd.telangana.gov.in by furnishing the application number mentioned in the Certificate.

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