

Regional diversity of faculty

Name of the State/UT	Number of Faculty
Gao	1

क्रमांक

No. _____

नमुना-५

Form No - 5



गोंय सरकार

GOVERNMENT OF GOA

नियोजन, आंकडेवारी आनी मोलावणी संचालनालय
DIRECTORATE OF PLANNING, STATISTICS AND EVALUATION

Corporation of the City of Panaji



प्रमाणपत्र दिवपी थळाव्या संस्थेचे नांव Name of local body issuing certificate

जल्म प्रमाणपत्र

BIRTH CERTIFICATE

(जल्म आनी मृत्यू नोंदणी अधिनेम, १९६९ च्या कलम १७ /कलम-१२ आनी गोंय जल्म आनी मृत्यू नोंदणी (दुरुस्ती) नेम, २००७ च्या नेम ८/१३ खाला जारी केला)

(Issued under Section 17/Section-12 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Goa Registration of the Birth and Deaths (Amendment) Rules, 2007.

(Name of State)

(Year of notifying the revised rules)

अशे प्रमाणित करता की सकयल दिल्ली माहिती ही जल्माच्या मुळ लेखातल्यान घेतल्या जी गोंय राज्याच्या North Goa जिल्हाच्या Tiswadi तहसील/ तालुक्याच्या Corporation of the City of Panaji (थळाव्या वाठार/थळाव्या संस्थेत) रजिस्ट्रात नोंद आसा.

This is to certify that the following information has been taken from the original record of birth which is in the Register for (local area/local body) Corporation of the City of Panaji of tahsil/block Tiswadi of District North Goa of State Goa.

नांव /Name: KAVITA B. SHIRODKARलिंग /Sex: Femaleजल्म तारीख/Date of Birth: 29/02/1996 February - twenty-nine - one thousand nine hundred ninety-sixजल्म सुवात/Place of Birth: G.M.C.HOSPITAL, PANJIM-GOAआवयचे नांव/Name of Mother: SHAILA SHIRODKERबापायचे नांव/Name of Father: BABURAO SHIRODKER

आज्याचे नांव (बापायवटेतल्यान)/ _____

Name of Grandfather (father's side) _____

आज्जेचे नांव (बापायवटेतल्यान)/ _____

Name of Grandmother (father's side) _____

भुरग्याच्या जल्मावेळार पालकांचो पत्तो

Address of the parents at the time of birth of the child

पालकांचो कायमचो पत्तो

Permanent address of parents

DONA-PAULA ILHAS GOAनोंदणी क्रमांक/Registration No.: B/813/1996नोंदणी तारीख/ Date of Registration: 26/03/1996

शेरो (कसलोय आसल्यार) Remarks (if any) _____

जारी करपाची तारीख/ Date of issue 04/09/2014

NARAYAN K KAVLEKAR
Sub - Registrar
Corporation of the City of Panaji

प्राधिकार्याची सय/ Signature of Issuing Authority

प्राधिकार्याचो पत्तो / Address of the issuing authority



मुख्य निबंधक/Chief Registrar
प्रतिरूप सय/Facsimile Signature

मुख्य निबंधक/Chief Registrar

प्रतिरूप सय/Facsimile Signature

(All the entries should be in ENGLISH Only) / सगळ्यो नोंदी फक्त इंगलिशितल्यानच करच्यो)

Note: Information as to 'Permanent Address' and 'Present Address' reflected above were not recorded prior to 30-05-2008.



सत्यमेव जयते
भारत सरकार



भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No. : 0646/00130/00286

To
Kavita Baburao Shirodkar

30/05/2013

D/O: Baburao Shirodkar
H.no-372,Ganga Onu Niwas
Aivao
Caranzalem
Caranzalem,Tiswadi,North Goa,
Goa - 403002
9881449431



KA620881288FH

62088128



आपला **आधार** क्रमांक / Your **Aadhaar** No. :

7737 0824 5220

माझे आधार, माझी ओळख



भारत सरकार

Government of India

Kavita Baburao Shirodkar

जन्म तारीख / DOB: 29/02/1996

स्त्री / Female

7737 0824 5220



माझे आधार, माझी ओळख