



सं. 1
NO. 1



उत्तर प्रदेश सरकार
GOVERNMENT OF UTTAR PRADESH
चिकित्सा एवं स्वास्थ्य विभाग
DEPARTMENT OF MEDICAL AND HEALTH
नगर निगम जोन 6 कानपुर नगर
NAGAR NIGAM ZONE 6 KANPUR NAGAR

प्रपत्र-5
FORM-5
□

जन्म प्रमाण-पत्र
BIRTH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12 / 17 तथा उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रीकरण नियम, 2002 के नियम 8/13 के अंतर्गत जारी किया गया)
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE UTTAR PRADESH REGISTRATION OF BIRTHS & DEATHS RULES 2002)

यह प्रमाणित किया जाता है निम्नलिखित सूचना जन्म के मूल अभिलेख से ली गई है जो कि नगर निगम जोन 6 कानपुर नगर तहसील कानपुर जिला कानपुर नगर राज्य/संघ प्रदेश उत्तर प्रदेश, भारत के रजिस्टर में उल्लिखित है।
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF BIRTH WHICH IS THE REGISTER FOR NAGAR NIGAM ZONE 6 KANPUR NAGAR OF TAHSIL/BLOCK KANPUR OF DISTRICT KANPUR NAGAR OF STATE/UNION TERRITORY UTTAR PRADESH, INDIA.

नाम / NAME: OJAS LALIT CHAUDHARY

लिंग / SEX: पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:

17-02-2024
SEVENTEENTH-FEBRUARY-TWO THOUSAND TWENTY FOUR

जन्म स्थान / PLACE OF BIRTH:

REGENCY HOSPITAL SARVODAY NAGAR

माता का नाम / NAME OF MOTHER:

ANCHAL CHAUDHARY

पिता का नाम / NAME OF FATHER:

LALIT SINGH

आधार नंबर / MOTHER'S AADHAAR NO:

XXXXXXXX8872

आधार नंबर / FATHER'S AADHAAR NO:

XXXXXXXX7565

बच्चे के जन्म के समय माता-पिता का पता / ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:

J-12 JUDGE'S COMPOUND CATT,
KANPUR, KANPUR, KANPUR NAGAR, UTTAR PRADESH

माता-पिता के स्थायी पता / PERMANENT ADDRESS OF PARENTS:

KANHA SHYAM RESIDENCY, FLAT NO.12 C DIGVIJAY TOWER
BLOCK B, INDRA NAGAR KALYANPUR,
KANPUR, KANPUR, KANPUR NAGAR,
UTTAR PRADESH- 208026

पंजीकरण संख्या / REGISTRATION NUMBER:

B-2024: 9-93823-001336

पंजीकरण तारीख / DATE OF REGISTRATION:

24-04-2024

टिप्पणी / REMARKS (IF ANY):

जारी करने की तिथि / DATE OF ISSUE:

24-04-2024

जारी करने वाला प्राधिकारी / ISSUING AUTHORITY:

रजिस्ट्रार (जन्म एवं मृत्यु)
REGISTRAR (BIRTH & DEATH)
नगर निगम जोन 6 कानपुर नगर
NAGAR NIGAM ZONE 6 KANPUR NAGAR

UPDATED ON :

24-04-2024 15:12:14



*Self reported
dehishig.*

"THIS IS A COMPUTER GENERATED CERTIFICATE WHICH CONTAINS FACSIMILE SIGNATURE OF THE ISSUING AUTHORITY"
" THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS
APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES".

* प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH *



NEW BORN DISCHARGE SUMMARY

UIDD : 2060091 IP NO : M24/271313
Name : Master Baby Of Anchal Chaudhary Rbi Bed No : 507-C
Age/Gender : 3 Days/Male D O A : 17/02/2024
Doctor : Dr. UNIT OF PAEDIATRICS D O D : 20/02/2024
Patient : FF-53 GAYATRI GREENS COLONY NH-58 BY PASS KANKER KHERA , MEERUT,
Address : UTTAR PRADESH, INDIA, 250001
Discharge : Normal
Type

Dr. RASHMI KAPOOR MD(PAED), FNB
HEAD DEPT.OF PAED.
DIRECTOR DIV OF PED.PULMO. & CRITICAL CARE

Dr. TARUN CHANDRA MD(PAED), FNB
PAEDIATRICS CRITICAL CARE

Dr. ABHINAV SHARMA MD(PAED), DM NEONATOLOGY

Dr. CP SINGH DCH, DNB PAEDIATRICS

FINAL DIAGNOSIS : SINGLE/ TERM/ 37 WEEKS 3 DAYS/ AGA/ LSCS/ MALE / CIAB / INFANT OF DIABETIC MOTHER/ 2.980 KG

BIRTH WEIGHT : 2.980 KG

BIRTH TIME : 11:40 AM

BIRTH DATE : 17/02/2024

APGAR : 8/5 9/10

BLOOD GROUP : O NEGATIVE.

MOTHERS BLOOD GROUP : O NEGATIVE.

OAE : B/L PASS

SERUM BILIRUBIN : (DOL-3) T-7.28 mg/dl D-0.36 mg/dl

TSH : 2.16 uIU/ml

NEW BORN SCREENING : REPORT AWAITED.

RED REFLEX- B/L PRESENT

HOSPITAL COURSE :

This Term baby was born by LSCS under spinal anesthesia. Baby cried immediately after birth. Inj. Vitamin K was give at birth. In view of Rh negative mother, Direct coombs test done which was negative, Reticulocyte count -3.6%, HB-15.1, TLC-10.29, Platelet count-277000, Peripheral blood smear done which showed - normocytic normochromic RBC cells. Vaccination was given before discharge. as the child is hemodynamically stable and feeds orally well , hence being discharge on following advise.

*Self Reported
Stabilizing.*

Printed By: NICU

Print Date & Time: 20/02/2024 15:43

Encoded By: . NICU

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REGENCY HEALTH CARE
Hospital Ltd.

A2, Sarvodaya Nagar
Kanpur, Uttar Pradesh - 208005

CIN NO.: U85110UP1987PLC008792



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www.regencyhealthcare.in

UHID : 2060091

IP NO : M24/271313

Name : Master Baby Of Anchal Chaudhary Rbi

Bed No : 507-C

TREATMENT RX ADVICE :

Breast feeding on demands with proper burping.

Drop Calshine - P (0.5ml) Once daily.

Vaccination as per schedule.

DISCHARGE ADVICE :

Rest as advised in The Leaflet.

FOLLOW UP ADVICE :

Review for S. Bilirubin after 1 day on 22/02/2024 in Paediatric OPD.

WHEN TO OBTAIN URGENT CARE :

Cyanosis, Refusal to feed, Letharginess, Abnormal movements etc.



DOCTOR'S SIGNATURE :

AVAIL OF REGENCY CITY CLINIC HOME SAMPLE COLLECTION SERVICE

MONDAYS TO SUNDAYS: 8AM TO 7PM

FOR APPOINTMENT PLEASE CALL: 8948360888/0512-3501818

RHL/DISC/FM/04

*Self Reported
Admission*

Received Summary & Report

Pathology Report:.....

Others Report:.....

Name of Patient/Attendant:

Radiology Reports:.....

Signature of Patient /Attendant:.....