



# Birth Record

Cloudnine Hospital



cloudnine

Name.....

Sex.....**MALE**

Date of Birth.....**23<sup>rd</sup> MAY 2025**

Day.....**FRIDAY**

Time.....**2:43:14 PM**

Father's Name.....**SHYAMAL MITRA**

Mother's Name.....**POOJA DEY**

Previous Siblings.....

Cloudnine Center.....**S.B. ROAD, PUNE**

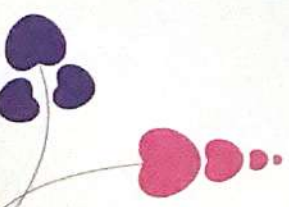
Authorised Signatory



Registration Number.....**11193**



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## NEWBORN REQUISITION FORM

Name of The Baby: Blo Pooja Dey

DOB: 23/05/25 SEX: MALE

TOB: 14:43:14pm

Weight: 3.270 kg

Consultant: DR. Aarti Rapol

Admission Area (Ward/NICU): .....

Name of Admitting Consultant/Registrar: .....

DR. Lalit Rawal

Signature of Admitting Consultant/Registrar

DR. Vishal

