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| **Facility Name** | | |  | | | | | | | | **Date** | |  | |
| **KMC Sr. No.** | **Adm. Date** | **Name of Mother & Father** | | **Contact No. / Alternate No.** | **Sex** | **DOB** | **Birth weight** | **Weight on Admin.** | **Name of ASHA** | **Place of Delivery with Name** | | **Referred from** | | **Date of Discharge / LAMA** |
| **Complete address**  **(CHC / PHC / Village)** | |
| **Admin. Time** | **Contact No. of ASHA** | **Weight at the time of discharge** |
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