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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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