

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Bilaspur (H.P) -174001

APPLICATION FOR BIRTH CERTIFICATE

To

**The Registrar (Births & Deaths)
cum Medical Superintendent**

I submit herewith the following particulars for receiving Birth Certificate

1. Name of the Child* : (in capitals)
2. Name of the Father : (in capitals)
3. Name of Mother : (in capitals)
4. Place of Birth :
5. Date of Birth :
6. Sex :
7. Permanent Address :
- of Parents

Full Signature of Father /Mother

Name

Relation with child.....

Mobile no

Email ID.....

***According to RBD Act 1969, Name of the child can be entered upto 1 year but name of the child once recorded cannot be changed.**

***आरबीडी अधिनियम 1969 के अनुसार, 1 वर्ष तक बच्चे का नाम दर्ज किया जा सकता है लेकिन एक बार दर्ज होने के बाद बच्चे का नाम बदला नहीं जा सकता।**

I agree with the terms and conditions mentioned above/मैं ऊपर उल्लिखित नियमों और शर्तों से सहमत हूँ

Name of receiver.....

Relation with child.....

Mobile no

Date.....