

Sl. No. 15400

FORM

(Rule -5)

MADHYAMGRAM MUNICIPALITY

APPLICATION FOR BIRTH CERTIFICATE & REGISTRATION

To, The Chairman
Madhyamgram Municipality
Dist. North 24- Parganas, Kolkata - 700 129



Sir,

Please register the birth of the baby in your record book and issue me a Certificate.

Particulars are given below :

CHILD

- (a) Name of the Child :
- (b) Date of Birth :
- (c) Sex :
- (d) Place of Birth :
- (full postal address)
- Present residential address of parents

FATHER'S

- (a) Name :
- (b) Literacy :
- (c) Occupation :
- (d) Nationality :
- (e) Religion :

MOTHER'S

- (a) Name :
- (b) Literacy :
- (c) Occupation :
- (d) Nationality :
- (e) Religion :
- (f) Age :
- (g) Order of Birth :
- (No. of child including this one)
- Type of attention at delivery :
- Informant's Name and Address :
- Ward Councillor :

Yours faithfully

Signature of the Guardian/Report

N.B. - In case the baby is over month but within one year please submit along with an Affidavit.

FOR OFFICE USE ONLY

- Application received on :
- Informed within :