

తేదీ.....

శ్రీయుత కమీషనర్

నగరపాలక సంస్థ నిజాంపేట్ గారికి .

ఆర్యా,

విషయం: శ్రీ/శ్రీమత.....తండ్రి/భర్త.....

యొక్క జనన /మరణ దృవీకరణ పత్రము జారీ చేయుట గురించి .

నేను అనగా..... తండ్రి/ భర్త.....మనవి

చేయునది ఏమనగా నా యొక్క తల్లి /తండ్రి /భర్త /కూతురు /కుమారుడు యొక్క జననము
/మరణము, తేదీనాడు, చిరునామా.....

ఇల్లు /హాస్పిటల్నందు జరిగినది .

కావున నా యొక్క తల్లి /తండ్రి /భర్త /కూతురు /కుమారుడు యొక్క జనన /మరణ
దృవీకరణ పత్రము జారీ చేయగలరని మనవి చేయసినది .

కృతజ్ఞులతో

భవదీయ

పేరు:

ఫోన్ నెంబర్:

చిరునామా:

OFFICE OF THE NIZAMPET MUNICIPAL CORPORATION

Statement Showing the Check List to get **Birth Certificate**

- Birth Application Form
- Mother Aadhar Copy Xerox
- Father Aadhar Copy Xerox
- Birth after one month (Notary)
- Hospital Birth Form

FORM NO.1 BIRTH REPORT

Legal information

This part to be added to the Birth Register

BIRTH REPORT

Statistical information

This part to be detached and sent for statistical processing

In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.

FORM NO.1

<p><i>To be filled by the informant</i></p> <p>1. Date of Birth : (Enter the exact day, month and year the child was born e.g. 1-1-2000)</p> <p>2. Sex : (Enter 'Male, or 'Female') do not use abbreviation)</p> <p>3. Name of the child, if any : (If not named, leave blank)</p> <p>4. Name of the father : (Full name as usually written) UID No of Father (if any) <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </p> <p>5. Name of the mother : (Full name as usually written) UID No of Mother (if nay) <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </p> <p>6. Address of parents at the time of Birth of the Child</p> <p>7. Permanent address of parents:</p> <p>8. Place of birth : (Tick the appropriate entry 1,2 or 3 below and give the name of the Hospital/Institution or the address of the house where the birth took place)</p> <p>1. Hospital/ Institution Name & Address:</p> <p>2. House Address :</p> <p>3. Others:</p> <p>9. Informant's name :</p> <p>Address :</p> <p><small>(After completing all columns 1 to 22, informant will put date and signature here .)</small></p>																																									<p><i>To be filled by the informant</i></p> <p>10. Town or Village of Residence of the mother : (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.)</p> <p>a) Name of Town/Village :</p> <p>b) Is it a town or village : (Tick the appropriate entry below) 1. Town 2. Village</p> <p>c) Name of District :</p> <p>d) Name of State :</p> <p>11. Religion of the Family : (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian</p> <p>4. Any other religion :(write name of the religion)</p> <p>12. Father's level of education : (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p>13. Mother's level of education : (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p>14. Father's occupation : (If no occupation write 'Nil')</p> <p>15. Mother's occupation : (If no occupation write 'Nil')</p>	<p><i>To be filled by the informant</i></p> <p>16. Age of the mother (in completed years) at the time of marriage : (If married more than once, age at first marriage may be entered)</p> <p>17. Age of the mother (in completed years) at the time of this birth :</p> <p>18. Number of children born alive to the mother so far including this child : (Number of children born alive to include also those from earlier marriage(s), if any)</p> <p>19. Type of attention at delivery : (Tick the appropriate entry below)</p> <p>1. Institutional – Government</p> <p>2. Institutional– Private or Non-Government</p> <p>3. Doctor, Nurse or Trained midwife</p> <p>4. Traditional Birth Attendant</p> <p>5. Relatives or others</p> <p>20. Method of Delivery : (Tick the appropriate entry below)</p> <p>1. Natural</p> <p>2. Caesarean</p> <p>3. Forceps/Vacuum</p> <p>21. Birth Weight (in kgs.) (if available) :</p> <p>22. Duration of pregnancy (in weeks) :</p>
<p>Date: _____ Signature or left thumb mark of the informant _____</p>		<p>(Columns to be filled are over. Now put signature at left)</p>																																								
<i>To be filled by the Registrar</i>		<i>To be filled by the Registrar</i>																																								
<p>Registration No. : _____ Registration Date : _____</p> <p>Registration Unit : _____</p> <p>Town/Village : _____ District : _____</p> <p>Remarks : (if any)</p> <p style="text-align: right;">Name and Signature of the Registrar _____</p>	<p>Name _____ Code No. _____</p> <p>District : _____</p> <p>Tahsil : _____</p> <p>Town/Village : _____</p> <p>Registration Unit : _____</p>	<p>Registration No. : _____ Registration Date : _____</p> <p>Date of Birth : _____</p> <p>Sex : 1.Male 2.Female</p> <p>Place of Birth : 1.Hospital/Institution 2.House</p> <p style="text-align: right;">Name and Signature of the Registrar _____</p>																																								

FORM No. 1
(See Rule 5)