

AGARTALA MUNICIPAL COUNCIL
AGARTALA
FORM OF APPLICATION FOR REGISTRATION OF BIRTH AND ISSUANCE CERTIFICATE AS
PER BIRTH AND DEATH REGISTRATION ACT, 1969

1. Name of the Child
(in block letter) :-
2. Sex :-
3. Place of birth :-
4. Date of birth :-
5. Name of parents
(a) Father's name :-
(b) Mother's name :-
6. Nationality :-
7. Permanent address :-

Signature of the applicant
(Father/mother)
Date _____

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1. Documents to be enclosed duly attested by the Gazetted Officer.
 2. Discharge certificate from the Hospital/Nursing Home with attested copy.
 3. Certificate of birth from the Recognized medical Practitioner along affidavit from the Executive Magistrate (in case of Home delivery)
 4. Attested copy of the citizenship certificate/Ration card/Voter/Service identity card of Govt. service of the parents .

(FOR OFFICIAL USE ONLY)

1. Scrutinized the enclosed documents with filled in column above and found correct.

Signature of the receiving clerk.

2. Prescribed fee deposited.
 - a. Amount _____
 - b. Chalan receipt No. _____
 - c. Date _____

Rechecked & signed by the Dealing Assistant

3. Recommendation for the Registration and issuing certificate ...Yes/No.
4. Registration No _____ dated _____ Block No. _____ and the certificate may be signed.

(Dealing Assistant)

Section-incharge
(P.H. Section)
Agartala Municipal Council

ORDER OF THE ISSUANCE OFFICER
Health Officer
Registrar Birth & Death
Agartala Municipal Council