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

	Name	Surname(if any)
1. Name of the Child		
2. Sex (male/female)	Male	Female
3. Place of birth: Village/Town		
4. Date of birth :		
5.		
a) Father's Name		
b) Mother's Name		
6. Nationality		
7. Permanent Address		
Pin		
District		
Date		

Signature of the applicant  
(Father/Mother)

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 \_\_\_\_\_
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