



# APPLICATION FORM FOR (BIRTH) CERTIFICATE

ଜନ୍ମ ପ୍ରମାଣ ପତ୍ର ପାଇଁ ଆବେଦନ ଫର୍ମ



To / ପ୍ରାପ୍ତେଷୁ

The Registrar of Births & Deaths cum Health Officer / ଜନ୍ମ ଏବଂ ମୃତ୍ୟୁ ରେଜିଷ୍ଟ୍ରାର ତଥା ସ୍ୱାସ୍ଥ୍ୟ ଅଧିକାରୀ  
Berhampur Municipal Corporation / ବ୍ରହ୍ମପୁର ମହାନଗର ନିଗମ

Sub. / ବିଷୟ : ISSUE OF BIRTH CERTIFICATE / ଜନ୍ମ ପ୍ରମାଣ ପତ୍ର ପ୍ରଦାନ ।

Sir/Madam / ମହାଶୟ/ମହାଶୟା

I submit herewith the following particulars for issue of Birth Certificate on payment/ ଜନ୍ମ ମୃତ୍ୟୁ ରେଜିଷ୍ଟ୍ରେସନ ଅଧିନିୟମ, ୧୯୬୯ର ଧାରା ୧୨/୧୨ ଅନୁଯାୟୀ ଏବଂ ଚତୁର୍ଥାଂଶ ନିୟମାନୁଯାୟୀ ନିମ୍ନଲିଖିତ ବିବରଣୀ ଜନ୍ମ ପ୍ରମାଣ ପତ୍ର ପ୍ରଦାନ ନିମନ୍ତେ ମୁଁ ଦାଖଲ କରୁଅଛି ।

1. Name of the Child (in CAPITAL) / ଶିଶୁର ନାମ :
2. Name of Father (in CAPITAL) / ପିତାଙ୍କ ନାମ :
3. Name of Mother (in CAPITAL) / ମାତାଙ୍କ ନାମ :
4. Place of Birth (Hospital/Others) / ଜନ୍ମ ସ୍ଥାନ (ଡାକ୍ତରଖାନା/ଅନ୍ୟତ୍ର) :
5. Date of Birth / ଜନ୍ମ ତାରିଖ :
6. Sex / ଲିଙ୍ଗ : Male / ପୁରୁଷ  Female / ସ୍ତ୍ରୀ
7. Permanent Address / ସ୍ଥାୟୀ ଠିକଣା : .....

### UNDERTAKE / କାର୍ଯ୍ୟ ସମ୍ପାଦନ

N.B. : Name of Child once recorded can not be changed.

ବି.ଦ୍ର. : ଶିଶୁର ନାମ ଥରେ ପଞ୍ଜିକରଣ ହେଲା ପରେ ପୁନଃ ନାମ ପରିବର୍ତ୍ତନ ହୋଇପାରିବ ନାହିଁ ।

I do hereby authorised the officer bearer to deposit the treasury challan on my behalf.

Date / ତାରିଖ: / /

Full signature of Applicant / ଦରଖାସ୍ତକାରୀଙ୍କ ପୂର୍ଣ୍ଣ ସ୍ୱାକ୍ଷର  
Relation of the Child with Identity proof / ପ୍ରମାଣପତ୍ର ସହ ଶିଶୁଙ୍କ ସମ୍ପର୍କ

Cell No./ ମୋ. ନଂ: .....

Document Xerox Copy Required / ଆବଶ୍ୟକୀୟ କାଗଜପତ୍ରର ନକଲ :

- |  |  |   |   |
|--|--|---|---|
| 1. Pan Card <input type="checkbox"/>                       | 2. Passport <input type="checkbox"/>                     | 3. Driving Licence <input type="checkbox"/>                     | 4. Ration Card <input type="checkbox"/> |
| ପାନ୍ କାର୍ଡ   | ପାସପୋର୍ଟ   | ଡ୍ରାଇଭିଂ ଲାଇସେନ୍ସ   | ରାସନ୍ କାର୍ଡ                             |
| 5. Voter Card <input type="checkbox"/>                     | 6. Adhar Card <input type="checkbox"/>                   | 7. Photo ID Card issued by Post Office <input type="checkbox"/> |   |
| ଭୋଟର ପରିଚୟ ପତ୍ର  | ଆଧାର କାର୍ଡ   | ପୋଷ୍ଟ ଅଫିସ୍ ଦ୍ୱାରା ଅନୁମୋଦିତ ଫୋଟୋ ପରିଚୟ                          |   |
| 8. Xerox copy of Discharge Ticket <input type="checkbox"/> | 9. Deposit Treasury Challan Rs. .... No. .... Date ..... |   |   |
| ଡାକ୍ତରଖାନା ଛାଡ଼ିବା ଟିକେଟର କୋପି                             | ଟ୍ରେଜରୀ ନମା ଦାଖଲ ବ୍ୟା ..... ନଂ ..... ତାରିଖ .....         |   |   |

### FOR OFFICE USE/ କାର୍ଯ୍ୟାଳୟରେ ବ୍ୟବହାର ନିମନ୍ତେ

Registration No. / ରେଜିଷ୍ଟ୍ରେସନ ନଂ. \_\_\_\_\_ Date / ତାରିଖ : / /

Challan No. / ଚାଲାନ ନଂ. \_\_\_\_\_ Date / ତାରିଖ : / /

Printed by Birth & Death Section, BMC/2018

Application receiving time : 10.30 a.m. to 3.30 p.m.

# BIRTH REPORT

Form No.2 ( see Rule 5 )  
 PART-I (Legal information)  
 (This part to be added to the Birth Register)

(To be filled by the informant)

- Date of Birth.....
- Sex.....
- Name of the child (if any).....
- Name of the Father.....
- Name of the Mother.....
- Permanent Address.....
- Place of Birth:  
 (1) Hospital/ Institution Name.....  
 (2) House Address.....
- Order of Birth.....
- Informant's Name.....  
 Address.....

Date..... Signature or Left Thumb Mark of the Informant.....

(To be filled by the Registrar)

Registration No.:..... Registration Date :.....  
 Registration Unit :.....  
 Town/Village :..... District :.....  
 Remarks (if any) :.....

Name and Signature of the Registrar.....

# BIRTH REPORT

Form No.2 ( see Rule 5 )  
 PART-II (Statistical information)  
 (This part to be detached and sent for statistical processing)

(To be filled by the informant)

- Town or Village of Residence of the Mother:  
 (a) Name of Town/ Village.....  
 (b) Is it a Town or Village : (Put a  mark)  
 (i) Town  (ii) Village
- Name of the District.....
- Name of State.....
- Religion of the family :  
 (1) Hindu  (2) Muslim  (3) Christian   
 (4) Sikh  (5) Any other religion
- Father's level of education.....
- Mother's level of education.....
- Father's occupation.....
- Mother's occupation.....
- Age of the mother (in completed years) at the time of Marriage.....
- Age of the mother (in completed years) at the time of this Birth.....
- Number of children born alive to the mother so far including this child.....
- Type of attention at delivery (Tick the appropriate entry below)  
 (a) Institutional-Government  
 (b) Institutional-Private or Non-Government  
 (c) Doctor, Nurse or Trained Midwife  
 (d) Traditional Birth Attendant  
 (e) Relatives or others
- Method of Delivery:  
 (a) Normal  
 (b) Caesarian  
 (c) Forceps/ Vacuum
- Birth Weight (in kgs.).....
- Duration of pregnancy (in weeks).....

(To be filled by the Registrar)

Registration No.:.....  
 Registration Date :.....  
 Date of Birth :.....  
 Sex : 1. Male 2. Female  
 Place of Birth : 1. Hospital / Institution 2. House

Name and Signature of the Registrar.....