

सेवा में,

रजिस्ट्रार जन्म-मृत्यु  
नगर निगम ऋषिकेश .....

विषय:- जन्म पंजीकरण करने एवम् जन्म प्रमाण लेने के सम्बन्ध में प्रार्थना-पत्र।

महोदय,

निवेदन है कि मेरे पुत्र/पुत्री का जन्म दिनांक .....को  
स्थान.....ऋषिकेश जिला देहरादून में हुआ था।

बच्चे का नाम:-.....

माता का नाम:-.....

पिता का नाम :-.....

अतः महोदय से प्रार्थना है कि प्रार्थी को उसके पुत्र/पुत्री का जन्म प्रमाण-पत्र देने  
की कृपा करें।

प्रार्थी/प्रार्थिनी

नाम:-.....

पता:-.....

मो०नम्बर:-.....

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