

**APPLICATION FOR BIRTH CERTIFICATE**  
**(Write in Capital Letters)**

**CIRCLE/LOCALITY** :

**1. Date Of Birth** :

**2. Sex** :

**3. Child Name** :

a) If Registered Mention the Child Name.

b) If Child Name not included a separate form to be filled by the Father and Mother of the child

**4. Name of the Father** :

**5. Name of the Mother** :

**6. Place of Birth** :

(Tick the appropriate entry **a, b, c** below and give the name of the Hospital/InstituTe or the Address of the House where the **Birth** took place.If other place give location)

a) **Hospital/Institution Name** :

b) **House Address** :

c) **Other place** :

**7. No.Of Copies Required** :

**8. a) Do you want the Birth Certificate by Courier- Yes / No**

**b) If Yes give Name and Address with PinCode**

**Name & address,  
Applicant)**

**(Signature of the**

**Telephone No:**

Note:- Birth certificate will be issued subject to entry found Registered with **GHMC** records.

**eSeva Transaction No:**

**eSeva Transaction Date:**