

Dated : / /2020

From:
Shri./Smt.-----

Mobile : _____

To

The Chief Executive Officer,
Cantonment Board,
Deolali Camp, Dist. Nashik.

Sub : REGISTRATION OF **BIRTH**.

Respected Sir,

It is to inform you that Smt.-----wife of -----
----- resident of-----
who delivered at **HOME** on / /2020 at above Residence. For Registration
of child's birth recors in Cantonment Board, Deolali the following documents are
submitted herewith.

Birth Form No.1 (in Original)
Identity Proof of Father /Mother /applicant (Anyone)
Medical Certificate of Doctor (if available)
Declaration of two credible person

It is requested to register the above births record and issue me Birth
certificate accordingly. I am ready to pay the necessary fees for the same.

Thanking you,

Yours faithfully,

(-----)

Encl : As above.

CANTONMENT BOARD, DEOLALI

FORM NO.1

BIRTH REPORT

(See Rule No.5) Legal Information
This part to be added to the Birth Register

To be filled by the Informant

1. Date of Birth:

(Enter the exact day, month and year the child was born e.g. 1-1-2000)

2. Sex:

(Enter "male" or "Female," do not use abbreviation)

3. Name of the child, if any :

(If not named, leave blank)

4. Name of the father:

(Full name as usually written)

Father's Aadhaar Card No. (if available)

5. Name of the mother :

(Full name as usually written)

Mother's Aadhaar Card No. (if available)

6. Address of parents at the time of birth of the child

7. Permanent address of parents.

8. Place of birth : (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 & Address

2. House Address

3. Other

9. Informant's Name

Address

(After completing all columns 1 to 22, Informant will put date and signature here)

Date : _____ Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. _____ Registration Date : _____

Registration Unit: CANTONMENT BOARD, DEOLALI

Town / Village : DEOLALI District : NASHIK

Remarks: (if any)

Name, Seal & Signature of the Registrar
Date of issuance of certificate

Sub-Registrar (Births & Deaths)
Cantonment Board, Deolali

CANTONMENT BOARD, DEOLALI

BIRTH REPORT

Statistical Information

This part to be detached and sent for statistical processing

To be filled by the informant

10. Town or Village of Residence of the Mother:

(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 ☐

c) Name of Tahasil:

d) Name of District:

e) Name of State:

11. Religion of the Family : (Tick the appropriate entry below)

1. Hindu ☐ 2. Muslim ☐ 3. Christian ☐

4. Any other religion :

(write name of the religion)

12. Father's level of Education :

(Enter the completed level of education e.g. if studied up to class VII but passed only class VI, write class VI)

13. Mother's level of Education :

(Enter the completed level of education e.g. if studied up to class VII but passed only class VI, write class VI)

14. Father's Occupation :

(if no occupation write 'Nil')

15. Mother's Occupation :

(if no occupation write 'Nil')

If the case of multiple births 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.

To be filled by the informant

16. Age of the mother (in completed years)

at the time of marriage:

(if married more than once, age at first marriage may be entered)

17. Age of the mother (in completed years)

at the time of this birth:

18. Number of children born alive to the mother so far including this child

(Number of children born alive to include also those from earlier marriage(s), if any)

19. Type of attention at delivery :

(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

20. Method of Delivery :

(Tick the appropriate entry below)

1. Natural ☐

2. Caesarean ☐

3. Forceps/Vacuum ☐

21. Birth Weight (in Kgs.) (if available) :

22. Duration of Pregnancy (in weeks) :

(Columns to be filled are over. Now put signature at left)

Registration No. : _____ Registration Date : _____

Date of Birth : _____

Sex : 1. Male ☐ 2. Female ☐

Place of Birth : 1. Hospital/Institution ☐ 2. House ☐

3. Other ☐

Sub- Registrar (Births & Deaths)
Cantonment Board, Deolali