

REVENUE DEPARTMENT, GOVT. OF NCT OF DELHI APPLICATION FORM – BIRTH REGISTRATION ORDER

| BENEFICIARY DETAILS | | |
|--|--|--|
| 1.e-DistrictRegistration Number : (For already Registered User- Not to be filled in by first time Appli | cants or those having Aadhaar number) | |
| 2. UID (AADHAAR) No : | | |
| 3. Name of Beneficiary : | | |
| 4. Father's Name : | | |
| 5. Mother's Name : | Beneficiary color Passport | |
| 6. Gender : Male | Female Other Size Photograph Size – 5 x 4.5 (Cm.) Or 2 x 1.75 (Inch) | |
| 7. Date of Birth : DD MM YYYY | | |
| | | |
| 8. Mobile No. : (in case of minor, provide parents contact details) | e-Mail ID :@ | |
| 9. Place of Birth Details | ME A LOS ST | |
| a. Birth taken place at : Home | Nursing Home/Hospital | |
| b. Address of Place of Birth : (Address of Home or Nursing | g home/ Hospital where birth taken place) | |
| House/Nursing home/ | | |
| Hospital Name/No : | Sub-Locality : | |
| Locality : | Village/Town : | |
| District : | Sub- division : | |
| PIN Code : | State : | |
| | 1 // 11 · · · · · · · · · · · · · · · · | |
| 10. Present Address (Address of Parents in case of Minor) | 1.11 11 | |
| House Name/No : | | |
| Locality ; | Sub-Locality : | |
| Sub- division : | Village/Town : | |
| State : | District : | |
| PIN Code : | Country : | |
| . III code | Country | |
| 11. Whether the Present and Permanent Address is same: | Yes No | |
| | | |
| 12. If No, Permanent Address (Address of Parents in case of | Minor) | |
| House Name/No : | | |
| Locality : | Sub-Locality : | |
| Sub- division : | Village/Town : | |
| State : | District : | |
| PIN Code : | Country : | |
| 13. Identity Proof of Beneficiary (Please tick one, provide the docur | ment No. and attach the same) | |
| Aadhaar Card Passport | Letter (attested) from School Principal (for minor only) | |
| Voter ID Card Ration Card with Photog | | |
| | | |
| PAN Card Driving License | Any Govt. recognised document | |
| | Document No : | |



| 1 | (r areas are case s), (r are | ase tick one, provide the document No. and attach the same) |
|---|--|---|
| AADHAR Card | Voter ID Card | Driving License |
| Passport | Ration Card | Electricity Bill DISCOM Name |
| Water Bill Utility Name | | Gas Bill Comp Name |
| Telephone Bill Company name | | Any Govt. recognised document |
| Rent Agreement (Registered) | Bank Passbook Do | cument No : |
| 15. Permanent Address Proof of Benefici | iary(Parents in case of Minor) (| Please tick one, provide the document No. and attach the same |
| AADHAR Card | Voter ID Card | Driving License |
| Passport | Ration Card | Electricity Bill DISCOM Name |
| Water Bill Utility Name | | Gas Bill Comp Name |
| Telephone Bill Company name | | Any Govt. recognised document |
| Rent Agreement (Registered) | Bank Passbook Do | cument No : |
| 16. Place of Birth Proof (Parents Address pro | of or Nursing home/hospital repor | t) (Please tick one, provide the document No. and attach the same) |
| AADHAR Card | Voter ID Card | Driving License |
| Passport | Ration Card | Electricity Bill DISCOM Name |
| Water Bill Utility Name | | Gas Bill Comp Name |
| Telephone Bill Company name | YUBS! | Any Govt: recognised document |
| Rent Agreement (Registered) | Bank Passbook | Nursing home/Hospital Report |
| Jan Cha | Docu | ument No : |
| | | |
| Date of Birth Proof of Beneficiary (Pl | ease tick one or more ana pi | rovide the document No. and attach the same). |
| 17. Date of Birth Proof of Beneficiary (Pl AADHAAR Card(Verified DOB) | Passport | Driving License |
| | Passport | |
| AADHAAR Card(Verified DOB) | Passport tion card | Driving License |
| Nursing home/Hospital Report/Vaccina | Passport tion card pal on School Letter Head | Driving License SSC from recognized board by Gol CMO / Doctor Report |
| AADHAAR Card(Verified DOB) Nursing home/Hospital Report/Vaccina Certificate from School signed by Princi | Passport tion card pal on School Letter Head Doc | Driving License SSC from recognized board by Gol |
| AADHAAR Card(Verified DOB) Nursing home/Hospital Report/Vaccina | Passport tion card pal on School Letter Head Doc | Driving License SSC from recognized board by Gol CMO / Doctor Report |
| AADHAAR Card(Verified DOB) Nursing home/Hospital Report/Vaccina Certificate from School signed by Princi | Passport tion card pal on School Letter Head Doc rth: | Driving License SSC from recognized board by Gol CMO / Doctor Report |
| AADHAAR Card(Verified DOB) Nursing home/Hospital Report/Vaccina Certificate from School signed by Princi 18. Reason for Non Registration of Bil 19. In case no document mentioned in | Passport tion card pal on School Letter Head Doc rth: n S.N. 17 is available, field | Driving License SSC from recognized board by Gol CMO / Doctor Report ument No: verification shall be conducted. |
| AADHAAR Card(Verified DOB) Nursing home/Hospital Report/Vaccina Certificate from School signed by Princi 18. Reason for Non Registration of Bir | Passport tion card pal on School Letter Head Doc rth: n S.N. 17 is available, field | Driving License SSC from recognized board by Gol CMO / Doctor Report ument No: verification shall be conducted. |
| AADHAAR Card(Verified DOB) Nursing home/Hospital Report/Vaccina Certificate from School signed by Princi 18. Reason for Non Registration of Bir 19. In case no document mentioned if 20. Please attach affidavit in prescribe | Passport tion card pal on School Letter Head Doc rth: n S.N. 17 is available, field | Driving License SSC from recognized board by Gol CMO / Doctor Report ument No: verification shall be conducted. |
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| | 22. Self-Declaration | | |
|--------|--|--|--|
| | IS/o/D/o Sh | | |
| | agedR/o | | |
| | Verify as Under: | | |
| l. | That the exact and correct date of Birth of {my son/daughter or myself} isat (birth place) | | |
| I. | That {I/ my Son/daughter have not obtained any Birth Certificate from any Government agency / department in India. | | |
| III. | That the above contents are correct to the best of my knowledge and belief and nothing has been concealed therein and all supporting documents are genuine. I further affirm that- | | |
| IV. | I am aware that in case the information furnished above is found to be incorrect, I shall be liable for prosecution under section 177 & 191 of the Indian Penal Code, which stipulates as under:- 177. Furnishing False Information- whoever, being legally bound to furnish information on any subject to any public servant, as such, furnishes, as true, information on the subject which he knows or has a reason to believe to be false, shall be punished with simple imprisonment for a term which may extend to six months, or fine which may extend to one thousand rupees, or with both; | | |
| | Or, if the information which he is legally bound to give respects the commission of an offence, or is required for the purpose of preventing the commission of an offence, or in order to the apprehension of an offender, with imprisonment of either description for a term which may extend to two years, or with fine, or with both. | | |
| V. | 191. Giving false evidence- Whoever being legally bound by an oath or by an express provision of law to state the truth, or being bound by law to make a declaration upon any subject, makes any statement which is false, and which he either knows or believes to be false or does not believe to be true, is said to give false evidence. Providing any false evidence shall be punishable under section 193 of IPC, 1860 which provides imprisonment for a term upto three years and fine. | | |
| Date: | DD MM 20YY Beneficiary Signature : | | |
| Place: | (Parents Signature in case of Minor) | | |

