



AGARTALA MUNICIPAL COUNCIL
CITY CENTRE – PARADISE CHOWMUHANI, AGARTALA
TRIPURA-799001

FORM OF APPLICATION FOR ISSUING OF BIRTH REGISTRATION CERTIFICATE

(Downloaded from the official site of Agartala Municipal Council)

1. **Name of the Child**
(in block letter) :
2. **Sex** :
3. **Place of birth** :
4. **Date of birth** :
5. **Name of parents**
(a) **Father's name** :
(b) **Mother's name** :
6. **Nationality** :
7. **Permanent address** :
8. **Present Address** :

Signature of the applicant
(Father/mother)

Date ____/____/____

List of documents to be enclosed duly attested by the Gazetted officer

1. **Discharge certificate from the Hospital/Nursing Home with attested copy.**
2. **Certificate of birth from the Recognized medical Practitioner along affidavit from the Executive Magistrate (in case of Home delivery)**
3. **Attested copy of the citizenship certificate/Ration card/Voter I Card/MNIC/Service identity card of Govt. service of the parents.**

(FOR OFFICIAL USE ONLY)

Scrutinized the enclosed documents with filled in column above and found correct

Signature of the receiving clerk.

1. Prescribed fee deposited.
 - a. Amount _____
 - b. Chalan receipt No. _____
 - c. Date _____

Rechecked & signed by the Dealing Assistant

2. Recommendation for the Registration and issuing certificate ...Yes/No.
4. Registration No _____ dated _____ Block No. _____ and the certificate may be signed.

Section-incharge
P.H. Section-AMC
Agartala Municipal Council

ORDER OF THE ISSUING AUTHORITY
Health Officer (Registrar Birth & Death)
Agartala Municipal Council

(Rs. 5/- to be paid during submission of this Application Form)