



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

BENEFICIARY DETAILS

1. e-District Registration Number :
(For already Registered User- Not to be filled in by first time Applicants or those having Aadhaar number)

OR

2. UID (AADHAAR) No :

3. Name of Beneficiary : _____

4. Father's Name : _____

5. Mother's Name : _____

6. Gender : Male Female Other

7. Date of Birth : DD MM YYYY

Beneficiary color Passport
Size Photograph Size – 5 x
4.5 (Cm.) Or 2 x 1.75 (Inch)

8. Mobile No. : e-Mail ID : _____@_____
(in case of minor, provide parents contact details)

9. Place of Birth Details

a. Birth taken place at : Home Nursing Home/Hospital

b. Address of Place of Birth : (Address of Home or Nursing home/ Hospital where birth taken place)

House/Nursing home/
Hospital Name/No : _____ Sub-Locality : _____
Locality : _____ Village/Town : _____
District : _____ Sub-division : _____
PIN Code : State : _____

10. Present Address (Address of Parents in case of Minor)

House Name/No : _____ Sub-Locality : _____
Locality : _____ Village/Town : _____
Sub-division : _____ District : _____
State : _____ Country : _____
PIN Code :

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 : _____ Sub-Locality : _____
Locality : _____ Village/Town : _____
Sub-division : _____ District : _____
State : _____ Country : _____
PIN Code :

13. Identity Proof of Beneficiary (Please tick one, provide the document No. and attach the same)

Aadhaar Card Passport Letter (attested) from School Principal (for minor only)
 Voter ID Card Ration Card with Photograph School ID Card (for minor only)
 PAN Card Driving License Any Govt. recognised document

Document No :



14. Present Address Proof of Beneficiary (Parents in case of Minor) (Please tick one, provide the document No. and attach the same)

<input type="checkbox"/> AADHAR Card	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Driving License
<input type="checkbox"/> Passport	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Electricity Bill DISCOM Name _____
<input type="checkbox"/> Water Bill Utility Name _____		<input type="checkbox"/> Gas Bill Comp Name _____
<input type="checkbox"/> Telephone Bill Company name _____		<input type="checkbox"/> Any Govt. recognised document
<input type="checkbox"/> Rent Agreement (Registered)	<input type="checkbox"/> Bank Passbook	Document No : <input type="text"/>

15. Permanent Address Proof of Beneficiary (Parents in case of Minor) (Please tick one, provide the document No. and attach the same)

<input type="checkbox"/> AADHAR Card	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Driving License
<input type="checkbox"/> Passport	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Electricity Bill DISCOM Name _____
<input type="checkbox"/> Water Bill Utility Name _____		<input type="checkbox"/> Gas Bill Comp Name _____
<input type="checkbox"/> Telephone Bill Company name _____		<input type="checkbox"/> Any Govt. recognised document
<input type="checkbox"/> Rent Agreement (Registered)	<input type="checkbox"/> Bank Passbook	Document No : <input type="text"/>

16. Place of Birth Proof (Parents Address proof or Nursing home/hospital report) (Please tick one, provide the document No. and attach the same)

<input type="checkbox"/> AADHAR Card	<input type="checkbox"/> Voter ID Card	<input type="checkbox"/> Driving License
<input type="checkbox"/> Passport	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Electricity Bill DISCOM Name _____
<input type="checkbox"/> Water Bill Utility Name _____		<input type="checkbox"/> Gas Bill Comp Name _____
<input type="checkbox"/> Telephone Bill Company name _____		<input type="checkbox"/> Any Govt. recognised document
<input type="checkbox"/> Rent Agreement (Registered)	<input type="checkbox"/> Bank Passbook	<input type="checkbox"/> Nursing home/Hospital Report
		Document No : <input type="text"/>

17. Date of Birth Proof of Beneficiary (Please tick one or more and provide the document No. and attach the same).

<input type="checkbox"/> AADHAAR Card (Verified DOB)	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License
<input type="checkbox"/> Nursing home/Hospital Report/Vaccination card		<input type="checkbox"/> SSC from recognized board by Gol
<input type="checkbox"/> Certificate from School signed by Principal on School Letter Head		<input type="checkbox"/> CMO / Doctor Report
		Document No : <input type="text"/>

18. Reason for Non Registration of Birth : _____

19. In case no document mentioned in S.N. 17 is available, field verification shall be conducted.

20. Please attach affidavit in prescribed format and self- Declaration

Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="20YY"/>	Beneficiary Signature : <input type="text"/>
Place: _____	(Parents Signature in case of Minor)

सत्यमेव जयते



21. AFFIDAVIT FOR BIRTH REGISTRATION ORDER

I _____ son/daughter/wife of _____
age _____ years resident of _____

hereby solemnly affirm and declare as under –

- i. That the exact and correct date of Birth of {my son/daughter or myself} is _____ at (birth place) _____.
- ii. That {I/ my Son/daughter have not obtained any Birth Certificate from any Government agency/department in India.
- iii. All supporting documents are genuine and nothing has been concealed.

Deponent

VERIFICATION

I, the above name deponent do hereby verify that the contents of aforesaid affidavit are true and correct to the best of my knowledge and belief. No Part of it is false and nothing material has been concealed therefrom.

Verified at New Delhi on this _____ day of _____ (month and a year).

सत्यमेव जयते

Deponent



22. Self-Declaration

I _____ S/o/D/o Sh. _____
aged _____ R/o _____

Verify as Under:

- I. That the above contents are correct to the best of my knowledge and belief and nothing has been concealed therein.
I further affirm that-
- II. 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.

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.
- III. 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
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Beneficiary Signature :

(Parents Signature in case of Minor)

Place: _____

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