## FORM - A

## (Application Form for Birth Registration)

	UNION ADMINISTRATION	(No)	
	TOWN / TEHSIL	DISTRICT	
Child's Name			1 - بچکام ا
Sex			2 میں
Date of Birth			3 ئارىخچپائى
Father's Name			4 والدكانام
Father's CNIC No			5 والدكاشاخي كاردغبر
Mother's Name			6 والدهكام
Mother's CNIC No			7 والدهكا شناختى كارد غسر
Grand Father's Name			8 داداكام
Grand Father's CNIC N			
Address:			مد متقاً
Applicant's Name			11 - درخواست دينده کما م
Appilcant's CNIC No.			12 درخواست دمنده کاشناختی کارد خم
Relation:			13 بیچکا درخواست د بهنده به دشته
Doctor's/Mid Wife's Nar			
Disability			. 15 معذوري
Place of Birth			16 باےپیدائن
Religion:			17 <b>ن</b> دب
Date of Registration:			18 ئارچُاھرائ
District of birth.			19 پيدائنگاھىلىع
Applicant's signature /D	ate		 20 درخواست د بهنده کے دیکتر کرانا دیکر
Vaccinated	Yes No		. 21
Verified By			22 تصديق كننده
THE ENTRY OF THE SA	ID DATE IS ACCORDING TO THE STAT	EMENT FURNISHED BY THE INFORMIN	G PERSON/INSTITUION.
This extract to Mr, Mrs,	has been issued v	ide application dated	-
		been received vide receipt no	dated
Book No: Ent	ny No: Da	ited:	
REGISTRAR			
(Signed) Birth, Deaths Marriages and D	ivorces	Checked By (Name & Signatur	SD/
Union Administration		· · ·	
CRMS No			

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	I have checked and	Allowed			
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