



फॉर्म संख्या / Form No. 5  
राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार  
Govt. of National Capital Territory of Delhi  
दिल्ली नगर निगम  
MUNICIPAL CORPORATION OF DELHI  
जन्म प्रमाण पत्र / Birth Certificate



0123-2011128942

(Issued under section 17 of the Registration of Birth and Death Act, 1969 and 8/13 of Delhi Registration of Birth Rule, 1999)

This is to certify that the following information has been taken from the original record of BIRTH which is the register for Municipal Corporation Of Delhi of CENTRAL ZONE of N.C.T. Delhi

|   |   |
|---|---|
| नाम / Name  |   |
| लिंग / Gender   | MALE  |
| जन्म की तिथि / Date Of Birth  | 03/11/2023  |
| जन्म का स्थान / Place Of Birth                                      | MEDI CARE HOSPITAL FA-39-40, THOKAR NO-4 DELHI<br>ABUL FAZAL ENCLAVE SOUTH EAST DELHI INDIA<br>110025 |
| पंजीकरण की तिथि / Date Of Registration                              | 20/11/2023  |
| पंजीकरण संख्या / Registration No                                    | MCDOLIR-0123-2011297186   |
| माता का नाम / Name of Mother  | NEHA  |
| पिता का नाम / Name of Father  | SONU SINGH  |
| वर्तमान / जन्म के समय पता<br>Present / Address at the time of Birth | E 70-71, BLOCK E , SHIV SHAKTI MARG , AALI VIHAR ,<br>SARITA VIHAR SOUTH DELHI INDIA 110025           |
| स्थायी पता / Permanent Address                                      | E 70-71, BLOCK E , SHIV SHAKTI MARG , AALI VIHAR ,<br>SARITA VIHAR SOUTH DELHI INDIA 110025           |
| जारी करने की तिथि / Date of Issue                                   | 20/11/2023  |



प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करे  
ENSURE REGISTRATION OF EVERY BIRTH & DEATH

Note: This certificate is system generated and does not require any seal/signature in original. The authenticity of this certificate can be verified at [mcdonline.nic.in](http://mcdonline.nic.in)