



NAGPUR MUNICIPAL CORPORATION NAGPUR

Patient

(2)

FORM NO. 1

BIRTH REPORT

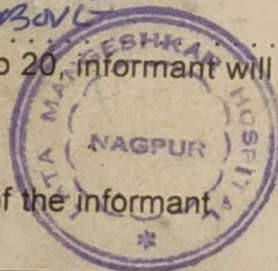
Legal information

This part to be added to the Birth Register

To be filled by the informant

1. Date of Birth : 2/6/01
(Enter the day, month and year the child was born e.g. 1-1-2000)
2. Sex : MALE
(Enter "male" or "female", do not use abbreviation)
3. Name of the child, if any
(if not named, leave blank)
4. Name of the father : SHESH RAO ATKARI
(full name as usually written)
5. Name of the mother : AUKA ATKARI
(full name as usually written)
6. Place of birth : (Tick the appropriate entry 1 or 2 below and given the name of the Hospital / Institution or the address of the house where the birth took place)
 1. Hospital / Name : L.M.H., NAGPUR
Institution
 2. House Address : JAM SHAWARI SAONCER
DIST - CHINDWADA
7. Informant's name : AUKA
Address : SAME AS ABOVE
(After completing all columns 1 to 20, informant will put date and signature here.)
A.S. ATKARI

Date : Signature or left thumb mark of the informant



To be filled by the Registrar

Registration No. : Registration Date :

Registration Unit :

Town / Village : District :

Remarks : (if any).

Name and Signature of the Registrar