

**Navi Mumbai Municipal Corporation**  
Application and Inspection List (Birth Certificate)

|  |   |
|--|---|
| <p>(for office use only)</p> <p align="center"><b>Acceptance</b></p> <p>Token no. <input style="width:150px;" type="text"/></p> <p>File No. <input style="width:150px;" type="text"/></p> <p>Inspection No. <input style="width:80px;" type="text"/></p> <p>Distribution Window No. <input style="width:60px;" type="text"/></p> <p>Date <input style="width:150px;" type="text"/></p> <p align="right">Signature of Accepting Clerk</p> | <p>(for office use only)</p> <p align="center"><b>Distribution</b></p> <p>Token No. <input style="width:150px;" type="text"/></p> <p>File No. <input style="width:150px;" type="text"/></p> <p>Signature for certificate-----</p> <p>Name: -----</p> <p>Date <input style="width:150px;" type="text"/></p> <p align="right">Signature of Distributing Clerk</p> |
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| (for applicant's use)  |  |  |  |
| To,<br>The Ward Officer,<br>Navi Mumbai Municipal Corporation,<br>Navi Mumbai. |  |  |  |
| Subject : Application for Birth Certificate                                    |  |  |  |
| Applicant's details  |  |  |  |
| Surname  | Name                                     | Father/Husband's Name                    |  |
| <input style="width:100%;" type="text"/>                                       | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |  |
| Applicant's name and other information   |  |  |  |
| Ward   | <input style="width:100%;" type="text"/> |  |  |
| Node   | <input style="width:100%;" type="text"/> |  |  |
| Sector   | <input style="width:100%;" type="text"/> |  |  |
| Plot no.   | <input style="width:100%;" type="text"/> |  |  |
| Building/house no.   | <input style="width:100%;" type="text"/> |  |  |
| Telephone no.  | <input style="width:100%;" type="text"/> |  |  |
| Applicant's relation   |  |  |  |
| Sex of the child   | Male                                     | <input style="width:50px;" type="text"/> | Female                                   |
| <input style="width:100%;" type="text"/>                                       | <input style="width:50px;" type="text"/> | <input style="width:50px;" type="text"/> | <input style="width:50px;" type="text"/> |
| Name of the child  | Surname                                  | Name                                     | Father/Mother's Name                     |
| <input style="width:100%;" type="text"/>                                       | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |

|  |  |  |  |
|--|--|--|--|
| Mother's Name                            | Surname                                  | Name                                     | Father/Husband's Name                    |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Father's Name                            | Surname                                  | Name                                     | Father's Name                            |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| Father/Mother Address                    |  | <input style="width:100%;" type="text"/> |  |
| <input style="width:100%;" type="text"/> |  | <input style="width:100%;" type="text"/> |  |
| Copies of Certificates Required          |  |  |  |

## Documents required for the certificate

| Sr.No. | Documents                                 | Yes                                      | No                                       |
|--------|---|--|--|
| 1      | Photocopy of Hospital's birth certificate | <input style="width:50px;" type="text"/> | <input style="width:50px;" type="text"/> |

Place :  
Date :

Applicant's signature  
(Name : \_\_\_\_\_ )