**THIS FORM IS FOR OFFICE RECORD ONLY AND CAN NOT BE USED AS BIRTH REGISTRATION CERTIFICATE**

درخواست فارم برائے پیدائش رجسٹریشن Reg S. No.\_\_\_\_\_\_\_\_

**BIRTH REPORT FORM**

**OFFICE OF THE CANTONMENT BOARD HAVELIAN**

**(درخواست دہندہ فارم کو اردو اور انگریزی دونوں زبانوں میں خود پر کر کے لائے**)

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| **Applicant Name** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **درخواست دہندہ کا نام** | | | | **1)** |
| **Applicant CNIC #** | |  | | |  | | | | |  | | | | |  | | | |  | | | | **-** | | |  | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | **-** | | | | | |  | | | **درخواست دہندہ کا کمپیوٹرائزڈ شناختی کارڈ نمبر** | | | | | | | | | | | | **2)** |
| **Child Name** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **بچے کا نام** | | | | **3)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ بچے کا درخواست دہندہ سے رشتہ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **5)** | | | | | | | | | | |  | | | | | | **لڑکی** | | | | | | | | | | |  | **لڑکا** | **جنس** | **4)** |
| **Father’s Profession \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ والد کا پیشہ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **6)** |
|  | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | **--** | | |  | | | | |  | | | | | | **--** | | |  | | | | |  | | | | |  | | | |  | | | | **بچے کی تاریخ پیدائش** | | | | | | **7)** |
|  | | **سال مہینھ دن** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
| **Religion Islam** | | | | | | |  | | | | | | **Other\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_ دیگر** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **مذہب اسلام** | | | | **8)** |
| **Father’s Name** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **والد کا نام** | | | | **(9** |
| **Father’s CNIC #** | |  | | |  | | | | | | |  | | |  | | | |  | | | | **-** | | | |  | | |  | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | **-** | | | | |  | | | **والد کا کمپیوٹرائیزڈ شناختی کارڈ نمبر** | | | | | | | | | | | | **10)** |
| **Mother’s Name** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **والدہ کا نام** | | | | **11)** |
| **Mother’s CNIC #** | |  | | |  | | | | | | |  | | |  | | | |  | | | | **-** | | | |  | | |  | | | | | | |  | | | | | |  | | |  | | | | | |  | | | |  | | | | **-** | | | | |  | | | | **والدہ کا کمپیوٹرائیزڈ شناختی کارڈ نمبر** | | | | | | | | | | | **12)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 14) بچے کے نانا کا نام** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **سال\_\_\_\_\_\_\_\_ بچے کی پیدائش کے وقت والدہ کی عمر** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **(13** |
| **Grand Father’s Name** | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ بچے کے دادا کا نام** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **15)** |
| **Grand Father CNIC #** | | |  | | | | | |  | | | | |  | | |  | | |  | | | | **-** | | | |  | | | | |  | | | | | | |  | | | |  | | | |  | | | |  | | |  | | | **-** | | | | |  | | | | **بچے کے دادا کا کمپیوٹرائزڈ شناختی کارڈ نمبر** | | | | | | | | | | | | | **16)** |
| **Vaccinated Yes** | | | |  | | | | | | | **No** | | | | |  | | | | | **18) بچے کو ٹیکوں کا کورس مکمل کروایا گیا ہے** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **بچے\_\_\_\_\_\_** | | | | | | | | | | **بہن / بھائیوں کی کل تعداد (اس بچے سے پہلے)** | | | | | | | | | | | | | | | | **17)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ یا ہیلتھ سینٹر (کارڈ منسلک کریں) پتہ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **ہسپتال (کارڈ منسلک کریں)** | | | | | | | | | | | | | | | | | | | | |  | | | | **گھر جائے پیدائش** | | | | | **19)** |
| **Doctor’s / Midwife Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ڈاکٹر / دائی کا نام** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **20)** |
| **Disability No** |  | | | | | **Blind** | | | | | | | | | | | |  | | | | **Deaf** | | | | | | | | | |  | | | **Physical Disorder** | | | | | | | | | | | | | | | | | | | | | |  | | | | | **Other** | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ معذوری** | | | | | | | | **21)** |
| **حویلیاں کینٹ۔\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ حویلیاں کینٹ رہائش کا مکمل پتہ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **22)** |
| **Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ درخواست دہندہ کا دستخط / نشان انگوٹھا** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **23)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ تاریخ \_\_\_\_\_\_\_\_\_پہلے سے بنے ہوئے سرٹیفیکیٹ کی صورت میں پرانےسرٹیفیکیٹ کا سیریل نمبر** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **24)** |
| **نوٹ: : درخوست فارم جمع کرواتے وقت اصل شناختی کارڈ ہمراہ ضرور لائیں ورنہ فارم آپکو واپس کر دیا جائے گا نیز فارم کو صاف صاف پر کریں اور کوئی خانہ سمجھ نہ آنے کی صورت میں وہ جگہ خالی چھوڑ دیں۔** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**(**صرف دفتری استعمال کیلئے**)**

Report of CRMS Registration is \_\_\_\_\_\_ year late as per Report of Rev. Br. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager : information provided by the applicant.

Hence Composition Fee @ Rs. 100 /- P.A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be imposed upon applicant under the

Rules. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificate Fee = Rs.400/-

Composition = Rs.\_\_\_\_\_\_/- Sign. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Rs.\_\_\_**\_\_\_\_/-

Recorded as S. No. \_\_\_\_\_\_\_ of Birth Report Register on \_\_\_\_\_-\_\_\_\_\_- 20

Tracking ID No. 50019510002 \_\_\_\_\_\_

NADRA CRMS No. issued: B500195-19-10 \_\_\_\_\_\_ dt \_\_\_\_\_-\_\_\_\_\_\_- 20

Fee Received vide Challan No. \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ dt \_\_\_\_\_-\_\_\_\_\_\_- 20  **C.E.O**