BRUHAT BANGALORE MAHANAGARA PALIKE

**Application for Birth Certificate**

**1. Applicant Name with Full Address and Contact Number…………………………**

**……………………………………………………………………………………………………………………**

**2. Details of Birth:**

**a) Gender…………… b) Date of Birth……….. c) Reg. Date……………………………..**

**d) Mother Name……………………………………… e) Father Name………………………..**

**g) Place of Birth/Hospital Name with Address…………………………………………….**

**………………………………………………………………………………………………………………….**

**3. Number of Certificates………...**

**Date: Signature of Applicant**

 **Note:**

1. **The application should be applied only if the events come under BBMP limits.**
2. **The Birth Certificate should be collected within 30days from due date later it will not be considered & submitted documents will not be returned.**
3. **Once Fee paid will not be returned.**