

GHMC – NONAVAILABILITY BIRTH APPLICATION FORM

Applicant Details

Applicant Name*: _____ Aadhar Number: _____

Relation*: _____ Mobile Number*: _____

Email ID: _____ Address*: _____

Pincode*: _____ Ration Card Number: _____

NAC Birth Details

Circle*: _____ Ward*: _____

Locality*: _____ Gender*: _____

Child Name*: _____ Child Surname: _____

Date of Birth* (Date Must be above 1 Year): _____

Birth At*: _____ Name of the Birth Hospital: _____

Place Of Birth: _____ If School Going: _____

School Completed: _____ Mother Name *: _____

Mother Surname: _____ Father Name *: _____

Father Surname: _____ Mother Aadhaar No(UID) : _____

Father Aadhaar No(UID) : _____

Address of the parents at the time of Birth of the Child*: _____

Pincode*: _____ Residence Address*: _____

Pincode*: _____ Delivery Type*: _____

Parent Contact Details

Parent Mobile No*: _____

Alternate Mobile No: _____

GHMC Certificate Details

Purpose*: _____

No of Copies*: _____

Birth Upload Documents

1. Affidavit*
2. School bonafide certificate/SSC (if a school-going child or above)
3. Address proofs of at the time of birth
4. Declaration with attestation of two gazetted officer's signature & stamps*
5. Parents ID proofs/Marriage Certificate with attestation*
6. Form-1 and discharge summary from the concerned hospital (if hospital birth)
7. Immunization book if the child age below 10 years

Signature of the Applicant

GHMC- NONAVAILABILITY DEATH APPLICATION FORM

Applicant Details

Aadhaar No: _____ Applicant Name*: _____

Relation*: _____ Mobile No*: _____

Email ID: _____ Address*: _____

Pincode*: _____ Ration Card Number: _____

Circle*: _____ Ward*: _____

Locality*: _____ Gender*: _____

Deceased Person Name*: _____

Date of Death (Date Must be above 1 Year) *: _____

Age*: _____ Mother Name: _____

Father Name *: _____ Mother Aadhaar No (UID): _____

Father Aadhaar No (UID): _____ Marital Status*: _____

Attention Type*: _____ Death At*: _____

Name of the Hospital: _____ Place of Death: _____

Address of the deceased at the time of death*: _____

Pincode*: _____ Residence Address*: _____

Pincode*: _____ Delivery Type*: _____

Deceased Details

Medically Certified*: Yes No Cause of Death*: _____

Type of Death*: _____ Deceased Mobile No*: _____

GHMC Certificate Details

Purpose*: _____

No of Copies*: _____

Uploaded Documents

1. Address proofs at the time of death.
2. Affidavit*
3. Suicide/accidental death -- FIR, Postmortem Report, Inquest Report and form -2 from concerned PS duly signed and stamped.
4. Burial ground Receipt*
5. Declaration with attestation of two gazetted officer's signature & stamp*

Signature of the Applicant