



फॉर्म संख्या / Form No. 5
राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
Govt. of National Capital Territory of Delhi
दिल्ली नगर निगम
MUNICIPAL CORPORATION OF DELHI
जन्म प्रमाण पत्र / Birth Certificate



0124-2202151882

(Issued under section 17 of the Registration of Birth and Death Act, 1969 and 8/13 of Delhi Registration of Birth Rule, 1999)

This is to certify that the following information has been taken from the original record of BIRTH which is the register for Municipal Corporation Of Delhi of WEST ZONE of N.C.T. Delhi

नाम / Name	ANAKSH GOEL
लिंग / Gender	MALE
जन्म की तिथि / Date Of Birth	04/03/2023
जन्म का स्थान / Place Of Birth	KIDS CLINIC INDIA PRIVATE LIMITED PLOT NO-1, NORTH WEST AVENUE CLUB ROAD PUNJABI BAGH EXTN WEST DELHI INDIA 110026
पंजीकरण की तिथि / Date Of Registration	14/03/2023
पंजीकरण संख्या / Registration No	MCDOLIR-0123-1403296504
माता का नाम / Name of Mother	MEENAKSHI GUPTA
पिता का नाम / Name of Father	ANAND GOEL
वर्तमान / जन्म के समय पता Present / Address at the time of Birth)	B-38, 4TH FLOOR SAWAN PARK, ASHOK VIHAR NORTH WEST DELHI INDIA 110052
स्थायी पता / Permanent Address	B-38, 4TH FLOOR SAWAN PARK, ASHOK VIHAR NORTH WEST DELHI INDIA 110052
जारी करने की तिथि / Date of Issue	22/02/2024



प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करे
ENSURE REGISTRATION OF EVERY BIRTH & DEATH

Note: This certificate is system generated and does not require any seal/signature in original . The authenticity of this certificate can be verified at mcdonline.nic.in