



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



0123-0505288431

(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 KESHAVPURAM ZONE of N.C.T. Delhi

नाम / Name	SHIVANSH MITTAL
लिंग / Gender	MALE
जन्म की तिथि / Date Of Birth	15/09/2022
जन्म का स्थान / Place Of Birth	MUNI MAYA RAM JAIN HOSPITAL K D BLOCK, PITAMPURA, DELHI PITAMPURA NORTH WEST DELHI INDIA 110088
पंजीकरण की तिथि / Date Of Registration	25/02/2023
पंजीकरण संख्या / Registration No	MCDOLIR-0123-2502106717
माता का नाम / Name of Mother	PARUL GUPTA
पिता का नाम / Name of Father	RAGHAV MITTAL
वर्तमान / जन्म के समय पता Present / Address at the time of Birth	FLAT NO.244,BLOCK-KD, PITAMPURA NORTH WEST DELHI INDIA 110034
स्थायी पता / Permanent Address	FLAT NO.244,BLOCK-KD, PITAMPURA NORTH WEST DELHI INDIA 110034
जारी करने की तिथि / Date of Issue	05/05/2023



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

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