



फॉर्म संख्या / Form No. 5

राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
Govt. of National Capital Territory of Delhi
दक्षिणी दिल्ली नगर निगम
SOUTH DELHI MUNICIPAL CORPORATION
जन्म प्रमाण पत्र / Birth Certificate



0122-2504143634

(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 South Delhi Municipal Corporation of WEST ZONE of N.C.T. Delhi

नाम / Name	SHAIVYA OBEROI
लिंग / Gender	FEMALE
जन्म की तिथि / Date Of Birth	11-04-2022
जन्म का स्थान / Place Of Birth	M K W HOSPITAL 12 LINK ROAD NEW DELHI RAJOURI GARDEN WEST DELHI INDIA 110027
पंजीकरण की तिथि / Date Of Registration	25-04-2022
पंजीकरण संख्या / Registration No	MCDOLIR-0122-2504171043
माता का नाम / Name of Mother	SAKSHI OBEROI
पिता का नाम / Name of Father	VIKAS OBEROI
वर्तमान / जन्म के समय पता Present / Address at the time of Birth	FA-27, MANSAROVER GARDEN WEST DELHI INDIA 110015
स्थायी पता / Permanent Address	FA-27, MANSAROVER GARDEN WEST DELHI INDIA 110015
छपाई की तिथि / Print Date	28-04-2022



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