



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



0122-2107160449

(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 CIVIL LINE ZONE of N.C.T. Delhi

नाम / Name

लिंग / Gender

MALE

जन्म की तिथि / Date Of Birth

01/07/2022

जन्म का स्थान / Place Of Birth

GAURI HOSPITAL 30 MALKA GANJ ROAD NEW DELHI MALKA GUNJ NORTH  
DELHI INDIA 110007

पंजीकरण की तिथि / Date Of Registration

21/07/2022

पंजीकरण संख्या / Registration No

MCDOLIR-0122-2107115570

माता का नाम / Name of Mother

SONALI JAIN

पिता का नाम / Name of Father

MOHIT JAIN

वर्तमान / जन्म के समय पता

Present / Address at the time of Birth

14/25, SECOND FLOOR SHAKTI NAGAR NEW DELHI DELHI INDIA 110007

स्थायी पता / Permanent Address

14/25, SECOND FLOOR SHAKTI NAGAR NEW DELHI DELHI INDIA 110007

छपाई की तिथि / Print Date

25/07/2022



तमसो मा ज्योतिर्गमय

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](http://mcdonline.nic.in)

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