

**APPLICATION FOR BIRTH REGISTRATION**  
**(DELAY CONDONATION AFTER ONE YEAR)**

**DOCUMENT CHECKLIST & RECEIPT**

S. No.	Item	Yes	No
1	Application Form addressed to RDO, for delay condonation of Birth Registration with Photograph of the Applicant	<input type="checkbox"/>	<input type="checkbox"/>
2	Notarized Affidavit (Rs.10/-)	<input type="checkbox"/>	<input type="checkbox"/>
3	Statement of Applicant with Photograph ( to be filled in by applicant)	<input type="checkbox"/>	<input type="checkbox"/>
4	VRO Enquiry Report (to be filled in by the Office)	<input type="checkbox"/>	<input type="checkbox"/>
5	RI Enquiry Report (to be filled in by the Office)	<input type="checkbox"/>	<input type="checkbox"/>
6	Letter from Tahsildar addressed to RDO, after due enquiry ( to be generated by MRO Office)	<input type="checkbox"/>	<input type="checkbox"/>
7	RDO Proceedings (3 Copies) (to be generated by RDO Office and sent to Registration Authority, MRO office & Applicant)	<input type="checkbox"/>	<input type="checkbox"/>
8	Documents Filed		
	a) Challan for Rs.50/-	<input type="checkbox"/>	<input type="checkbox"/>
	b) Non Availability Certificate	<input type="checkbox"/>	<input type="checkbox"/>
	c) SSC / School Certificate	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Applicant

Signature of Receiving Authority

Date

Date

# APPLICATION FOR BIRTH REGISTRATION

( DELAY CONDONATION AFTER ONE YEAR)

To  
The Revenue Divisional Officer,  
.....

Affix Passport Size  
Photograph here

Sir / Madam,

It is to bring to your notice that the birth of my Son / Daughter whose particulars are furnished hereunder was not registered with ..... who is empowered to register the same.

Hence, it is requested to register the birth of my Son / Daughter and issue Birth Certificate. Required evidences are enclosed, for ready reference.

.01	Name of the person whose birth certificate is required	:		
02	Name of the Father	:		
03	Name of the Mother	:		
04	Place of Birth	:		
05	Date of Birth	:		
06	Name and address of the Hospital or place where birth had taken place	:		
07	Whether any Receipt regarding the birth of the concerned given by the Authorities of the Hospital is enclosed (Yes/No).	:		
08	Evidences enclosed in support of the birth of the concerned	:	1. Challan for Rs. 50/-	Yes/No
		:	2. School Certificate	Yes/No
		:	3. Non Availability Certificate	Yes/No
		:	4. Notary Affidavit	Yes/No
10	Particulars of Challan Fee paid	:		
Date:		:		
Place:		:	Signature of the Applicant	

ENQUIRY REPORT SUBMITTED TO THE TAHSILDAR.....  
(Proposals for registration of Birth)

By Mandal /Revenue Inspector:  
(Name of the R.I)

1. Name of the applicant :
2. Address of applicant :  
Door No. :  
Building Name :  
Street Name :  
Village / Ward :
3. Name of the person whose date of birth is requested to be registered :
4. Relationship of Col.No.3 to Col.No.1 :
5. Date of Birth :
6. Place of Birth :
7. Name of the parents of Col.No.3 :  
A. Father :  
B.Mother :
8. No. of issue to the parents :

9. Details of the Children

Sl.No.	Name of the Children	Date of Birth	Sex
1.			
2.			
3.			

10. If Item No. 3 is a student, which class is he/she studying :
11. Purpose for which the certificate is needed :
12. Whether Notary Affidavit is filed or not, :
13. Whether Date of Birth claimed in the application is tallied with the above evidences affidavit & Scholl Records :

14. Details of evidences produced :  
1. Non Availability ..... years  
2.Affidavit  
3.  
4.

15 Challan particulars

Challan No. .	Date	Amount	Place of remittance
1.			

16. Recommendation of the enquiry officer :

Date

Signature

Place :

Name of the Revenue Inspector







Re. /2010

Office of the Tahsildar  
..... Mandal.

From  
Sri.....  
Tahsildar,  
..... Mandal.

To  
The Revenue Divisional Officer,  
.....

Sir,

Sub :- Registration of Birth – Sri Potti Sriramulu Nellore District -  
\_\_\_\_\_ Mandal \_\_\_\_\_ Village – R/o  
\_\_\_\_\_ request for  
birth certificate of \_\_\_\_\_ born on  
\_\_\_\_\_ MRI recommended – Report submitted –  
Regarding.

Ref :- 1) Revenue Divisional Officer, \_\_\_\_\_,  
N.Dis(E)Spl.Reg. \_\_\_\_\_/2010 dated \_\_\_\_\_  
2) Enquiry report of the MRI, Nellore dated \_\_\_\_\_

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I invite kind attention to the reference 1<sup>st</sup> cited wherein the Revenue  
Divisional Officer, \_\_\_\_\_ has sent the proposals of the applicant  
\_\_\_\_\_ with a direction to enquire and  
submit the report regarding the birth event of \_\_\_\_\_.

The matter has been enquired by MRI \_\_\_\_\_ and  
submitted the report in the reference 2<sup>nd</sup> cited. The details of enquiry report is as follows.

1. Name of the applicant :
2. Address of applicant :
3. name of the person whose date of birth was requested to be registered :
4. Relationship of Col.No. 3 to Col.No.1 :
5. Date of Birth :
6. Place of Birth :
7. Name of the parents of Col.No.3 :  
A. Father :  
B.Mother :
8. No. of issue to the parents :

9. Details of the Children

Sl.No.	Name of the Children	Date of Birth	Sex
1.			
2.			
3.			

10. Purpose for which the certificate is needed :
11. Details of evidences produced : 1. Non – Availability Certificate  
2.Affidavit  
3.SSC Marks List
12. Date of birth claimed in the application is tailed :

with the above evidences

13 Challan particulars :

Challan No. .	Date	Amount	Place of remittance
1.			

14 Result of enquiry :

In the above circumstances, I recommend that necessary orders may kindly be passed to register the date of Birth of \_\_\_\_\_ of born on \_\_\_\_\_ by Registrar of Birth and Deaths, \_\_\_\_\_. I submit herewith the record of enquiry for kind perusal.

Encl: As said above

Yours faithfully,

Tahsildar,

\_\_\_\_\_ Mandal.







## DATE OF BIRTH AFFIDAVIT

I, ..... S/o, D/o ....., age ..... years,  
residing at D.No. ....  
..... Nellore Mandal, Sri Potti Sriramulu Nellore District, do hereby  
solemnly affirm and state as follows:-

1. I do hereby declare that my son / daughter by name .....,  
was born on ..... at .....,  
through .....

2. My Son/Daughter date of birth has been mentioned in his school records. The  
said date of birth was not registered in the ..... records.

3. I am giving this affidavit on solemn declaration consciously believing it to be  
true and in faith thereof. The date of birth given now binding on me and as well as my  
son/daughter. This date of birth may be admitted. I undertake on behalf of my son /  
daughter that I will not make any request for alteration in this date of birth at any time in  
future.

The above stated facts are true and correct.

Deponent.  
Solemnly affirmed and executed.  
Before me.

**FORM NO.5**

**GOVERNMENT OF ANDHRA PRADESH**

**MEDICAL & HEALTH DEPARTMENT**

**BIRTH CERTIFICATE**

( Issued under section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Andhra Pradesh Registration of Births and Deaths Rules, 1999)

This is to certify that the following information has been taken from the original record of birth, which is in the register for \_\_\_\_\_ (Local area / local body ) of Mandal \_\_\_\_\_ of District \_\_\_\_\_ of State Andhra Pradesh State.

Name : .....  
Sex : .....  
Date of Birth : .....  
Place of Birth : .....  
Name of Mother : .....  
Name of Father : .....

Address of the parents at the time of Birth of Child	Permanent Address of Parents
.....	.....
.....	.....
.....	.....
.....	.....

Registration No. ....

Date of Registration .....

Remarks

Signature of the Issuing Authority  
and address/ Seal

Date of Issue.....