CAPITAL DEVELOPMENT AUTHORITY

(Directorate of Municipal Administration) Shahra-e-Subarwardhy, G-7/1, Islamabad.

BIRTH REGISTRATION FORM

(Form A)

	THE STATE OF THE PROPERTY OF T	
Child's Name:	Ctr.	1
Gender 2		2
Date of Birth (dd/mm/yy):		3
Father's Name:		4
Father's CNIC No:	والدكاشاخى كارذنمبر	
Mother's Name:	ALCOHOLOGICA CONTRACTOR OF THE PARTY OF THE	6
Mother's CNIC No:		7
Grand Father's Name:	The state of the s	8
Address:		
(a)	Capt of Child (Atlented) of the best of all the best of the best o	9
Relation:	نے کا درخواست دہندہ ے رشتہ	10
Doctor/Midwife Name:	ڈاکٹر ادائی کانام ڈاکٹر ادائی کانام	
Disability (If any):		
Name of Hospital/Clinic:	معذوري (اگر بهوتر)	
Religion:	جائے پیدائش (مینال/کلینک کانام)	
Name of Applicant (F/M)	نهب	
Birth District:	درخواست دائده كانام اوروستخط (والد/والده)	
Date of Registration:	پيدائش كاضلع پيدائش كاضلع	
Contact No:	ग्रेन्या	
	رابط فبر	18
Received	by (For Office Use Only)	
Cash Branch:	For Computer Record:	
Certificate Fee:	Certificate Fee:	
Receipt No.	Date:	
Date:	Signature:	
Signature:		

نوف: فارم اردواورانگش (دونوں) میں پرکریں۔ فارم ی ڈےا ہے ویب سائیڈ (www.cda.gov.pk) سے ڈاؤن لوڈ کیا جاسکتا ہے

INSTRUCTION FOR BIRTH REGISTRATION CERTIFICATE Use CAPITAL LETTERS to fill the information. 1. Fee Fire Structure:-2. I) Cert ficate Fee Rs. 50/ii) Birth reported beyond one month but within one year Rs. 60/iii) Birth reported after one year but within five year Rs. 180/iv) Birth reported after five years Rs. 630/-Searching Fee:-3. I) Certificate fee after one month but within one year Rs. 60/ii) Security Paper fee Rs. 50/iii) After one year but up to five years Rs. 180/iv) Beyond five years Rs. 630/-Urgent Fee. 4. Double the rate will be charged Timings:-I) Monday to Thursday 09:00 am To 02:00 pm 09:00 am To 12:30 pm ii) Friday Any person who commits a search of the Bye-Laws shall be punishable with fine under section 116 of the Municipal Administration Ordinance, 1960. CHECK LIST OF REQUIRED DOCUMENTS. Affidavit (Duly Attested from Notary Public (on stamp paper of appropriate value) (as per specimen enclosed) / insease of Birth at home. Original 'Birth Certificate of Hospital / Clinic / nursing Home / Doctor. 2. Copy of CNIC (Attested) of the Father and Mother of the Child. 3. Copy of Passport (Attested) of the Father and Mother in case of Foreigners. 4. Copy of Nikkah Nama in case of NIC of Female deceased is not registered with her husband. 5. Midwife affidavit affected in case of birth at home. 6. AFFIDAVIT I, ______Resident of _____ do hereby solemnly affirm and declare as under:-That ______ is my son / daughter. 1. That above named son / daughter was born at ______ Hospital, Islamabad (Original Birth 2. Certificate is attached). That date if birth of my above name son / daughter is not yet registered in DMA, CDA, or any concerned authority of 3. Pakistan. That the date of my above named son / daughter may please be registered and formal Birth Registration Certificate may 4. . Kindly be issued. I shall abide by all the rules and regulation in this regards. It is further on Oath that the contents of my above affidavit are true and correct to the best of my knowledge and belief and nothing had been concealed there from. In case of any wrong information, the authority has right to cancel / withdraw the Birth Certificate at any stage. Deponent: Name: Signature: Relation with Deceased: NIC No: Address: Sincerely Yours Name of Applicant ____ Signature ____

The form is also available on CDA Website, www.CDA.gov.pk.