TURA MUNICIPAL BOARD

Citizen Facilitation Center

Subject APPLICATION FOR ISSUE OF NON AVAILITY CERTIFICATE(NAC)OF BIRTH									
					Date:	/	/		
		APPLICANT'S	S PARTICULARS (Pre	eferably Mother of	f the Child)				
Name									
			OTHER DETAILS OF	THE APPLICANT					
Ward No. & Area's N	Name:								
Locality with Land mark					Land mark				
Place/Town/Village						PIN code			
District & State									
Phone/Mobile No. (if any)					E-mail				
DETAILED INFORMATION ON ABOVE MENTIONED APPLICATION									
Name of the person									
Date & Time of Birth		th	Date	Month	Year			Sex	
							()Male		
Parents Details			Surname		Name & Middle Name				
Father									
Mother									
Place of Birth									
Address of Birth									
				I:					
		DO	CUMENTS REQUIRE	D TO BE ATTACHE	<u>:D</u>				
Document (mark [8] in case necessary annexure are attached else mark [X])						YES/NO			
Birth record from Hospital OR Gov			t. Doctor (in Original)				[]		
2. Attested copy of resident proof document (Caste Certificate/Housing Tax/EPIC/Headman's Certificate stating place & date of birth along with status of residence.									
	ne back v idavit urt Orde								
			<u>UNDERT</u>	<u>AKING</u>					
I/Weabove is true and a					if found to be				
Date:					pplicant's Signature				