



KRISHNA MEDICAL CENTER

NAGAR NIGAM LUCKNOW ZONE 1

जन्म पंजीकरण की अभिस्वीकृति
ACKNOWLEDGEMENT OF BIRTH REPORT

APPLICATION REFERENCE NO. :

नाम / NAME OF CHILD:

BA2020991806002IN-00267,

लिंग / SEX: पुरुष / MALE

जन्म तिथि / DATE OF BIRTH:

15-09-2020

FIFTEENTH-SEPTEMBER-TWO THOUSAND TWENTY

जन्म स्थान/ PLACE OF BIRTH:

KRISHNA MEDICAL CENTER

माता का नाम / NAME OF MOTHER:

SHRADDHA TIWARI

पिता का नाम / NAME OF FATHER:

KUNAL SRIVASTAVA

आधार नंबर / MOTHER'S UID NO. :

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आधार नंबर / FATHER'S UID NO. :

6404 0869 1427

* Please ensure to get Birth certificate against this reported event from Registrar/Sub-Registrar (Birth & Death), NAGAR NIGAM LUCKNOW ZONE 1 (Lucknow, Lucknow, Uttar Pradesh).

* In case the name of child is not registered, you are requested to get the name included in Birth Register within one Year of Registration and get Birth certificate with the name of Child.

Self attested
Shivani
26/11/20