



CAPITAL DEVELOPMENT AUTHORITY
METROPOLITAN CORPORATION ISLAMABAD
(Directorate of Municipal Administration)
(Multipurpose Ground, Sector F-6 Markaz, Islamabad)



BIRTH REGISTRATION FORM-A

نوٹ: فارم اردو انگلش (دونوں) میں پر کریں۔

Child's Name:	_____	1 بچے کا نام				
Date of Birth(dd/mm/yy):	_____	2 تاریخ پیدائش				
Gender:	_____	3 جنس				
Father's Name:	_____	4 والد کا نام				
Father's CNIC/Passport No:	_____	5 والد کا شناختی کارڈ/ پاسپورٹ نمبر				
Nationality:	_____	6 قومیت				
Profession	_____	7 پیشہ				
Mother's Name:	_____	8 والدہ کا نام				
Mother's CNIC/Passport No:	_____	9 والدہ کا شناختی کارڈ/ پاسپورٹ نمبر				
Nationality & Profession	_____	10 والدہ کی قومیت اور پیشہ				
Grand Father's Name:	_____	11 دادا کا نام				
Grand Father's CNIC No:	_____	12 دادا کا شناختی کارڈ نمبر				
Address:	_____	13 موجودہ پتہ				
Relation With Applicant:	_____	14 بچے کا درخواست دہندہ سے رشتہ				
Name of Hospital/Clinic/Dr.:	_____	15 جائے پیدائش (ہسپتال/ کلینک/ ڈاکٹر کا نام)				
Birth District:	_____	16 پیدائش کا ضلع				
Disability (If any):	_____	17 معذوری (اگر ہو تو)				
Vaccination (Yes/No)	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No	18 ویکسینیشن		
Yes	No					
Religion:	_____	19 مذہب				
Parents Marital Status in NADRA is Updated	_____	20 نادر میں والدین کا ازدواجی سٹیٹس اپ ڈیٹڈ ہے				
Forms Submission Date:	_____	21 فارم جمع کروانے کی تاریخ				
Contact No Cell/ PTCL:	_____	22 رابطہ نمبر موبائل/ پی ٹی سی ایل				
Name of Applicant (F/M) & Sign.	_____	<table border="1"><tr><td colspan="2">Tick</td></tr><tr><td>Normal</td><td>Urgent</td></tr></table>	Tick		Normal	Urgent
Tick						
Normal	Urgent					

(for Office Use Only)

Received by Dealing Clerk _____ Date _____

Certificate Fee _____ BOP Challan No. _____ Signature _____

Data Entry Operator Signature _____

This Form is available on CDA & DMA/MCI Website (www.CDA.gov.pk) (mclidma.gov.pk)

INSTRUCTION FOR BIRTH REGISTRATION CERTIFICATE

1. Use CAPITAL LETTERS to fill the information performa on over leaf.

2. **MCI/DMA/CDA Fee Schedule:-**

S. No.	Birth upto 01 year	Birth After 01 year upto 05 years	Birth After 05 years
Normal Fee	210/-	280/-	730/-
Urgent Fee	420/-	560/-	1460/-

3. **Timing for Fee/Documents Submission:-**

- I) Monday to Thursday **8:30 am To 02:00 pm**
II) Friday **8:30:00 am To 12:00 pm**

Any person who commits a breach of Municipal by-Laws shall be punishable with fine under section 116 of the Municipal Administration Ordinance, 1960 as well under Local Government Act. 2015.

Documents Required (Mandatory)

- I. Original Birth Certificate of Hospital / Clinic / Nursing Home / Doctor (With By Name Dr. Stamp).
- II. Copy of CNIC (Attested) of the Father and Mother of the Child.
- III. Marital status of parents must be updated from NADRA.
- IV. Affidavit from LHW/LHV of concerned area and Vaccination Card are required in case of birth at home.
- V. Affidavit as per Specimen given below (Must).
- VI. N.O.C from (ADCR Office) HVC Branch F-8 Islamabad if age of child exceeded from 5 years.
- VII Affidavit (in case of home birth)will not acceptable without Vaccination card (under 5 years age) or School Report (after 5 years age).

SPECIMEN OF AFFIDAVIT ON JUDICIAL STAMP PAPER

I. _____ S/W/O _____ Resident of _____ do hereby solemnly affirm and declare as under:

1. That _____ whose date of birth is _____ is my real son/ Daughter.
2. That my above named Son/ Daughter was born at _____ (Original Birth Certificate of Hospital/Clinic is attached).
3. That date of birth of my above named Son / Daughter is not yet registered in MCI/DMA/CDA or any concerned authority of Pakistan.
4. That the date of my above named Son / Daughter may please be registered and formal birth registration certificate (BRC) may kindly be issued. I shall abide all the rules and regulations in this regard.

I further stated on Oath that all information / facts mentioned by me for registration of the birth are true and correct to the best of my knowledge and belief and nothing has been concealed. In case of wrong information, the authority has right to cancel / with draw the Birth Certificate at any stage and may proceed in the competent Court of Law and proceed against me in the Court of Law.

Deponent/Signature : _____

Name: _____

Relation with Child _____

CNIC No: _____

Landline / Mobile Number _____

Date: _____

Note:- (1) Before final printing each and every word be read carefully and sign on the proof reading. After final printing, office will not be responsible and same process will be adopted for re-printing/re-issuance of the Certificate along with fee for correction of mistakes/error etc. (2) Date and Place of Birth cannot be changed, if once registered.