

**PARENTS / GUARDIANS**

have to pay towards education of my son / daughter / award and I agree to pay them on time.

I know that there will be changes in the structure of above mention fees, Tution fees and other expenses from time to time and reasonable increases in these from time to time and I agree to pay all these, fees and other expenses as applicable for my child.

I know that students are responsible to the school authorities not only for their conduct in the school but also for their general behaviour outside. Any objectionable conduct outside the school shall make the students liable for disciplinary action, including the student's dismissal from the school.

I hereby declare that my son / daughter / ward and I shall abide by the rules of the School, Including any modifications to the present rules that may introduce from time to time. I hereby agree that in the event that my son / daughter / ward or I commit a breach of any of the rules and regulation of the school, the school is free to take disciplinary action as it sees fit, including the student's dismissal from the school.

once paid will not be refunded.

ation may be rejected if incorrect information is given.

Signature

Father's Signature

Guardian's Signature

**FOR OFFICE USE ONLY**

Not Granted

7/15

08/05/15

Div. :

Signature of Principal / Head Master

प्रमाण पत्र क्रमांक / Certificate No.  
Phone No. : (020) 25817510

**खडकी छावणी परीषद**  
**CANTONMENT BOARD, KIRKEE**

**जन्म प्रमाणपत्र**  
**BIRTH CERTIFICATE**

नमुना 5 / Form - 5  
www.cbbkirkee.org.in



(जन्म व मृत्यु नोंदणी अधिनियम, 1969 च्या कलम 12/17 आणि महाराष्ट्र जन्म आणि मृत्यु नोंदणी नियम, 2000 चे नियम 8/13 अन्वये देण्यात आले आहे.)

(Issued under section 12/17 of the Registration of Births & Deaths Act, 1969 and Rule 8/13 of the Maharashtra Registration of Births and Deaths Rules, 2000)

प्रमाणित करण्यात येत आहे की, खालील माहिती जन्माच्या मूळ अभिलेखाच्या नोंदवहीतून घेण्यात आली आहे, जी की (स्थानिक क्षेत्र) खडकी, तालुका हवेली, जिल्हा पुणे, महाराष्ट्र राज्या च्या नोंदवहीत उल्लेख आहे.

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) KHADKI, of Tahasil / Block HAVELI, of District PUNE of MAHARASHTRA State.

बाळाचे नाव **RACHIT TUSHAR LAGADE** लिंग **MALE**  
Name of Child : Sex :  
जन्म दिनांक **11-05-2009** जन्म ठिकाण **DR.B.A.C.G.H.KIRKEE**  
Date of Birth : Place of Birth :  
आईचे पूर्ण नाव **REKHA** वडिलांचे पूर्ण नाव **TUSHAR VASANT LAGADE**  
Full Name of Mother : Full Name of Father :

बाळाचे जन्माच्या वेळी आई वडिलांचा पत्ता  
Address of Parents at the time of birth of the child :  
आई वडिलांचा कायमचा पत्ता  
Permanent Address of Parent :  
**S.NO, 78 SANGAMWADI KIRKEE PUNE-3**

नोंदणी क्रमांक **332** नोंदणी दिनांक **28-05-2009**  
Registration No. : Date of Registration :

शेरा **332** निमित्त करणाऱ्या प्राधिकार्याची सही  
Remarks (If any) : Signature of Issuing Authority :  
**प्रमाणित / TRUE EXTRACT**

प्रमाणपत्र दिल्याचा दिनांक **3** Address of the issuing authority :  
Date of issue of certificate :  
प्रमाणित / TRUE EXTRACT

Copy Fee : **104403**  
Receipt No. : **01-07-2009**  
Date :  
Copied By : **332**



"Ensure Registration of every birth and death"