



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,

Hyderabad Metropolitan Region, TELANGANA - 508126

अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर,
हैदराबाद मेट्रो पोलिटन क्षेत्र, तेलंगाना - 508126

Certificate No. _____

Date: _____

Delivery Certificate

Name of the Hospital _____

Faculty Name _____ Registration No. _____

This is to certify that (Patient Name) Smt. _____

W/o _____ Age _____ Resident of (Address): H.No./FlatNo. _____

Village _____ Mandal _____ District _____

Pin Code _____ Mobile No. _____

CR No. of the Mother _____ delivered a (Male/Female) _____

baby (with CR No. of Baby) _____ on date _____

time _____ at AIIMS Bibinagar.

This is her _____ delivery as per records available in the hospital.

This is issued on the request of _____

Signature of Faculty _____

Name _____

Designation _____

Stamp _____

(Note: To be issued in duplicate. One copy to patient and one copy to MRD for records.)