

ANNEXURE – III

SAVE THE GIRL CHILD

Union Territory of Dadra & Nagar Haveli
Medical Superintendent, Shri VinobaBhave Civil Hospital, Silvassa

CERTIFICATE OF DELIVERY OF GIRL CHILD

Name of Hospital _____ District _____

It is certified that Smt. _____ aged _____ years of village/ward _____, District _____ has admitted in this hospital on _____ and delivered a live girl child on _____ at _____ am/pm. The birth weight of the girl child was _____ Kg/Pound.

The child order of birth is _____.

It is further certified that the above information are true and correct to the best of my knowledge.

Signature of Doctor

Place: _____

Date: _____

Name of Doctor

Seal/Stamp of Hospital

Counter sign:-

Medical Superintendent,
VBCH, Silvassa.

Director of Health & Medical Services
Silvassa, Dadra & Nagar Haveli