

FORM L

See sub-rule (4) of Rule 24

Delivery Certificate

I certify that Shri/Shrimati _____

(*Name and address of the patient*), whose signature/thumb-impression is given below, has given birth to a male/female child at _____ on _____

Signature/thumb-impression of the patient

Address _____

Date _____

*Signature of the medical
practitioner/qualified midwife.*