



## BIRTH/DEATH CERTIFICATE - CDMA

The registration of births and deaths is one of the major functions of Public Health Section of the ULB. Generally the births and deaths, which take place in the hospital are recorded and reported to the municipalities. For registered and non-registered events, the concerned parties can make necessary applications to the Meeseva for applying birth/death certificate. In the case of registered event Meeseva issues the necessary certificate immediately. In the case of non-registered event, the certificate is issued after necessary scrutiny and inspection by the Sanitary Inspector.

**Category Type:** A & B

**User Charges:** ` 35&45 + ( 1. For Panchayath ` 10 per Each Copy  
2. for Municipality ` 50 Up To 4 Copies, ` 100 for 5 to 10 Copies)

**Service Level Agreement:** 15 Minutes for Category A & 7 days for Category B

**Documents Required:** 1. Application Form\*

\* Denotes mandatory requirement of documents.

### Procedure for Applying:

- ◆ Operator clicks on CDMA to go to CDMA services.

The screenshot displays the Meeseva website interface. At the top, there are navigation links: View Transactions, Reports, Home, and Log Off. Below this is a header with 'TCS TEST CHANNEL' on the left and 'OPERATOR' on the right. A blue banner contains links for Key Contacts of GO.A.P, Media Releases, Helpline Numbers, and Govt. Sites. A message reads: 'Dear All, Now onwards All General Income, Integrated and Residence certificate Services are made as part of ISES Services. For all new Requests for these services, Please check the data availability in ISES Services and IF the data is not available in ISES Services, you can go to General Services link giver in the ISES Services page.'

The 'List of Services' menu on the left includes: Application Submission, Revenue Department, DISTRICT COLLECTRATE, DISTRICT ADMIN, GHMC, Registration Department, EDUCATION, HEALTH DEPARTMENT, and CDMA. The 'CDMA' option is highlighted with a red circle and a red arrow.

The 'Meeseva Updates' section lists: Guidelines to Meeseva Centers, Citizen's Charter for Citizens, and Physical Forms.

The 'Help Desk' section provides contact information: All APOnline Operators for support on Meeseva :- Call Center :- 040-45676699, 66675612, 1100.

The 'User Manuals' section features a book icon for 'Meeseva User Manuals Complete Book' with the text: 'Meeseva User Manuals Complete Book (Agriculture Income, FMB, OBC, EBC, NFBS, No Earning, Income, Residence, Caste, Mutation...)' and the website 'www.meeseva.gov.in'. A note says: 'Click on Book Icon to Download UserManuals'.

At the bottom, there is a footer with: 'Site Best viewed in 1024\*768 / IE7', 'All Rights Reserved with Director, Electronic Services Delivery.', and 'Designed & Developed by APOnline'.

- ◆ In CDMA Services select "BIRTH/DEATH CERTIFICATE-CDMA" service like shown in the below screen.



View Transactions Reports Home Log Off

**List of Services**

- Application Submission
  - Revenue Department
  - DISTRICT COLLECTRATE
  - DISTRICT ADMIN
  - GHMC
  - Registration Department
  - EDUCATION
  - HEALTH DEPARTMENT
  - CDMA
    - BIRTH/DEATH CERTIFICATE - CDMA**
  - CivilSupplies

**TCS TEST CHANNEL**

Key Contacts of GO.A.P   Media Releases   Helpline Numbers   Govt. Sites

**OPERATOR**

Dear All,  
Now onwards All General Income, Integrated and Residence certificate Services are made as part of ISES Services. For all new Requests for these services, Please check the data availability in ISES Services and IF the data is not available in ISES Services, you can go to General Services link given in the ISES Services page.  
Today we are launching 8 services across the state, for more info please [click here](#)

**Meeseva Updates**

- Guidelines to Meeseva Centers
- Citizen's Charter for Citizens
- Physical Forms
- FAQs

**Help Desk**

All APOnline Operators for support on Meeseva :-   Call Center :- 1100  
040-45676699,  
66675612

**User Manuals**

Meeseva User Manuals Complete Book  
(Agriculture Income, PMS, UDU, Education, No Earning, Income, Residence, Caste, Mutation....)  
www.meeseva.gov.in

Click on Book Icon to Download UserManuals

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- ◆ After selecting the "BIRTH/DEATH CERTIFICATE-CDMA" service in the CDMA services, the below screen will be displayed.

View Transactions Reports Home Log Off

**Birth/Death Certificate Request**

Please Select Payment Mode

|                          |   |
|--------------------------|---|
| Payment Modes            | Cash  |
| Service Type *:          | Select  |
| Registration Unit ID * : | <input type="text"/> <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No * :      | <input type="text"/>  |
| Registration Year * :    | <input type="text"/>  |

[Get Details](#)

- ◆ From above screen select Service Type (either 1. Birth Certificate 2. Death Certificate) from Request Type dropdown list. Like shown in the below screen.

Note: - Here I am selecting 1. Birth Certificate as request type



View Transactions   Reports   Home   Log Off

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**Birth/Death Certificate Request**

Please Select Payment Mode

|                         |  |
|-------------------------|--|
| Payment Modes           | Cash   |
| Service Type *:         | Select   |
| Registration Unit ID *: | Birth Certificate <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No *:      |  |
| Registration Year *:    |  |

[Get Details](#)

**Note - here we can process three types.**

**Type1: - Entering Registration Unit ID, Registration No and Registration Year.**

**Type2: - Clicking on "search" link.**

**Type3: - Data not available**

### Type1: -

- ◆ Operator enters "Registration Unit ID", "Registration No" and "Registration Year" in textboxes. Like shown in the below screen.

View Transactions   Reports   Home   Log Off

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**Birth/Death Certificate Request**

Please Select Payment Mode

|                         |  |
|-------------------------|--|
| Payment Modes           | Cash   |
| Service Type *:         | Birth Certificate  |
| Registration Unit ID *: | 50035 <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No *:      | 8  |
| Registration Year *:    | 1993   |

[Get Details](#)

- ◆ After entering "Registration Unit ID", "Registration No" and "Registration Year", operator clicks on "Get Details" button. Like shown in the below screen.

View Transactions   Reports   Home   Log Off

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**Birth/Death Certificate Request**

Please Select Payment Mode

|                         |  |
|-------------------------|--|
| Payment Modes           | Cash   |
| Service Type *:         | Birth Certificate  |
| Registration Unit ID *: | 50035 <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No *:      | 8  |
| Registration Year *:    | 1993   |

[Get Details](#)

- ◆ After Clicking on "Get details" button, if data not verified by AHMO then below Message will be displayed along with details Fields and this type of request required AHMO Approval. Like shown in the below screen.



View Transactions   Reports   Home   Log Off

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**Birth/Death Certificate Request**

**Please Select Payment Mode**

Payment Modes:

Service Type \*:

Registration Unit ID \*:       [Data not available-click here](#)

Registration No \*:

Registration Year \*:

This Data requires AHMO approval

**Applicant Details**

|                       |   |                    |                                 |
|-----------------------|---|--------------------|---------------------------------|
| Application Number* : | <input type="text" value="COMA10000214"/> | Registration Date: | <input type="text"/>            |
| Child Name :          | <input type="text"/>                      | Child SurName :    | <input type="text"/>            |
| Date Of Birth :       | <input type="text"/>                      | Gender:            | <input type="text"/>            |
| Father Name :         | <input type="text"/>                      | Father SurName :   | <input type="text"/>            |
| Mother Name :         | <input type="text"/>                      | Mother SurName :   | <input type="text"/>            |
| Birth Place :         | <input type="text"/>                      | Location Name :    | <input type="text"/>            |
| Hospital Name :       | <input type="text"/>                      | Mobile No. :       | <input type="text"/>            |
| Address At Birth:     | <input type="text" value="//"/>           | Residence Address: | <input type="text" value="//"/> |
| Permanent Address:    | <input type="text" value="//"/>           | State :            | <input type="text"/>            |
| District:             | <input type="text"/>                      | PinCode :          | <input type="text"/>            |

**Informant Details**

|                              |                      |                       |                                     |
|------------------------------|----------------------|-----------------------|-------------------------------------|
| Informant Name: *            | <input type="text"/> | Informant Relation: * | <input type="text" value="Select"/> |
| Informant Address:           | <input type="text"/> | Mobile No.:*          | <input type="text"/>                |
| AADHAR Card No:              | <input type="text"/> | Ration Card NO:       | <input type="text"/>                |
| Email ID:                    | <input type="text"/> | Remarks:              | <input type="text"/>                |
| Pincode:                     | <input type="text"/> | Delivery Type *:      | <input type="text" value="Select"/> |
| Purpose Of the Certificate:* | <input type="text"/> | No of copies *:       | <input type="text"/>                |

**Document List**

Application Form   **File Browse:\***

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- ◆ After clicking on "Get Details" button if data verified by AHMO then, the below screen will be displayed along with details.



View Transactions   Reports   Home   Log Off

### Birth/Death Certificate Request

Please Select Payment Mode

|                        |                   |  |
|------------------------|-------------------|--|
| Payment Modes          | Cash              |  |
| Service Type *         | Birth Certificate |  |
| Registration Unit ID * | 50035             | <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No *      | 8                 |  |
| Registration Year *    | 1993              |  |

[Get Details](#)

### Applicant Details

|                      |                        |                    |                        |
|----------------------|------------------------|--------------------|------------------------|
| Application Number * | CDMA10000217           | Registration Date: | 04/01/1993             |
| Child Name :         |                        | Child SurName :    |                        |
| Date Of Birth :      | 01/01/1993             | Gender:            | M                      |
| Father Name :        | Chidara Venkaiah       | Father SurName :   |                        |
| Mother Name :        | Rathnamma              | Mother SurName :   |                        |
| Birth Place :        | H                      | Location Name :    | jayalakshmi nursing hc |
| Hospital Name :      | jayalakshmi nursing hc | Mobile No :        |                        |
| Address At Birth:    | NA,NA,NA               | Residence Address: | NA,NA,NA               |
| Permanent Address:   | NA,NA,NA               | State :            | Andhra Pradesh         |
| District:            | PRAKASAM               | PinCode :          |                        |

### Informant Details

|                              |  |                       |        |
|------------------------------|--|-----------------------|--------|
| Informant Name: *            |  | Informant Relation: * | Select |
| Informant Address:           |  | Mobile No.:*          |        |
| AADHAR Card No:              |  | Ration Card NO:       |        |
| Email ID:                    |  | Remarks:              |        |
| Pincode:                     |  | Delivery Type * :     | Select |
| Purpose Of the Certificate:* |  | No of copies *:       |        |

### Document List

|   |               |                      |           |
|---|---------------|----------------------|-----------|
| <input type="checkbox"/> Application Form | File Browse:* | <input type="text"/> | Browse... |
|---|---------------|----------------------|-----------|

[Show Payment](#)

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- ◆ Operator enters all the Informant details such as name, relation, address, Mobile no, Aadhar Card No, Ration Card No, Email ID, Remarks, Pin code, delivery type, purpose of the certificate and No of Copies etc. Like shown in the below screen.



[View Transactions](#) [Reports](#) [Home](#) [Log Off](#)

### Birth/Death Certificate Request

Please Select Payment Mode

Payment Modes:

Service Type \*:

Registration Unit ID \*:  [Search](#) [Data not available-click here](#)

Registration No \*:

Registration Year \*:

[Get Details](#)

### Applicant Details

Application Number \*:  Registration Date:

Child Name:  Child SurName:

Date Of Birth:  Gender:

Father Name:  Father SurName:

Mother Name:  Mother SurName:

Birth Place:  Location Name:

Hospital Name:  Mobile No:

Address At Birth:  Residence Address:

Permanent Address:  State:

District:  PinCode:

### Informant Details

Informant Name \*:  Informant Relation \*:

Informant Address:  Mobile No.1 \*:

AADHAR Card No:  Ration Card NO:

Email ID:  Remarks:

Pincode:  Delivery Type \*:

Purpose Of the Certificate \*:  No of copies \*:

### Document List

Application Form

[Show Payment](#)

Note: - Based on the customer request, the delivery option (either through Manual/In Person or Speed Post - Local or Speed Post - Non Local at the Franchisee) has to be selected. The charges for Postal (Local) is Rs. 33/- and for Postal Non Local is Rs. 46/-.





View Transactions   Reports   Home   Log Off

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### Birth/Death Certificate Request

**Please Select Payment Mode**

|                        |                   |  |
|------------------------|-------------------|--|
| Payment Modes          | Cash              |  |
| Service Type *         | Birth Certificate |  |
| Registration Unit ID * | 50035             | <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No *      | 8                 |  |
| Registration Year *    | 1993              |  |

**Get Details**

#### Applicant Details

|                      |                        |                    |                        |
|----------------------|------------------------|--------------------|------------------------|
| Application Number * | CDMA10000217           | Registration Date: | 04/01/1993             |
| Child Name :         |                        | Child SurName :    |                        |
| Date Of Birth :      | 01/01/1993             | Gender:            | M                      |
| Father Name :        | Chidara Venkaiah       | Father SurName :   |                        |
| Mother Name :        | Rathamma               | Mother SurName :   |                        |
| Birth Place :        | H                      | Location Name :    | Jayalakshmi nursing ho |
| Hospital Name :      | Jayalakshmi nursing ho | Mobile No :        |                        |
| Address At Birth:    | NA,NA,NA               | Residence Address: | NA,NA,NA               |
| Permanent Address:   | NA,NA,NA               | State :            | Andhra Pradesh         |
| District:            | PRAKASAM               | PinCode :          |                        |

#### Informant Details

|                              |                   |                       |                 |
|------------------------------|-------------------|-----------------------|-----------------|
| Informant Name: *            | RAKESH PODA       | Informant Relation: * | S/O             |
| Informant Address:           | NAGANJAM,PRAKASAM | Mobile No.:           | XXXXXXXXXX      |
| AADHAR Card No:              | XXXXXXXXXXXX      | Ration Card NO:       | WAPXXXXXXXXX014 |
| Email ID:                    | ,RAKESH@GMAIL.COM | Remarks:              | NILL            |
| Pincode:                     | 525498            | Delivery Type * :     | Select          |
| Purpose Of the Certificate:* | EDUCATION         | No of copies *:       | Select          |

**Document List**

Application Form   **File Browse:**

**Show Payment**

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Note: - If delivery type is post-local/non local then, postal details panel is generated and you must enter postal details. Like shown in the below screen.

- ◆ Operator enters all Postal details such as door no, locality/land mark, district, mandal, village/ward, pin code & mobile no. Along with purpose etc. Like shown in the below screen.



### Birth/Death Certificate Request

Please Select Payment Mode

Payment Modes:

Service Type \*:

Registration Unit ID \*:  [Search](#) [Data not available-click here](#)

Registration No \*:

Registration Year \*:

[Get Details](#)

#### Applicant Details

Application Number \*:  Registration Date:

Child Name:  Child SurName:

Date Of Birth:  Gender:

Father Name:  Father SurName:

Mother Name:  Mother SurName:

Birth Place:  Location Name:

Hospital Name:  Mobile No:

Address At Birth:  Residence Address:

Permanent Address:  State:

District:  PinCode:

#### Informant Details

Informant Name: \*  Informant Relation: \*

Informant Address:  Mobile No.: \*

AADHAR Card No:  Ration Card NO:

Email ID:  Remarks:

Pincode:  Delivery Type \*:

Purpose Of the Certificate\*:  No of copies \*:

#### Postal Details

Door No:  District \*:

Mandali\*:  Panchayat:

Pin Code:

#### Document List

Application Form **File Browse:\***

[Show Payment](#)

- ◆ Operator collects the necessary supporting documents as indicated in the service page and scans the same documents and uploads into the System. Like shown in the below screen.





### Birth/Death Certificate Request

Please Select Payment Mode

|                        |                   |
|------------------------|-------------------|
| Payment Modes          | Cash              |
| Service Type *         | Birth Certificate |
| Registration Unit ID * | 50035             |
| Registration No *      | 8                 |
| Registration Year *    | 1993              |

Search [Data not available-click here](#)

[Get Details](#)

#### Applicant Details

|                      |                        |                    |                        |
|----------------------|------------------------|--------------------|------------------------|
| Application Number * | CDMA10000217           | Registration Date: | 04/01/1993             |
| Child Name :         |                        | Child SurName :    |                        |
| Date Of Birth :      | 01/01/1993             | Gender:            | M                      |
| Father Name :        | Chidara Venkaiah       | Father SurName :   |                        |
| Mother Name :        | Rathamma               | Mother SurName :   |                        |
| Birth Place :        | H                      | Location Name :    | Jayalakshmi nursing ho |
| Hospital Name :      | Jayalakshmi nursing ho | Mobile No :        |                        |
| Address At Birth:    | NA,NA,NA               | Residence Address: | NA,NA,NA               |
| Permanent Address:   | NA,NA,NA               | State :            | Andhra Pradesh         |
| District:            | PRAKASAM               | PinCode :          |                        |

#### Informant Details

|                              |                                    |                       |                 |
|------------------------------|------------------------------------|-----------------------|-----------------|
| Informant Name: *            | RAKESH PODA                        | Informant Relation: * | S/O             |
| Informant Address:           | S/O PRASADARAO,<br>GONASAPUDI,CHIN | Mobile No.:           | XXXXXXXXXX      |
| AADHAR Card No:              | XXXXXXXXXXXX                       | Ration Card NO:       | WAPXXXXXXXXX014 |
| Email ID:                    | PODA.RAKESH@GMAIL                  | Remarks:              | NILL            |
| Pincode:                     | 525498                             | Delivery Type * :     | Post-Local      |
| Purpose Of the Certificate:* | EDUCATION                          | No of copies *:       | 2               |

#### Postal Details

|           |             |              |            |
|-----------|-------------|--------------|------------|
| Door No:  | 12A         | District * : | PRAKASAM   |
| Mandali*: | Chinaganjam | Panchayat:   | GONASAPUDI |
| Pin Code: | 523181      |              |            |

#### Document List

|  |                                   |           |
|--|-----------------------------------|-----------|
| <input checked="" type="checkbox"/> Application Form | File Browse: C:\Documents and Set | Browse... |
|--|-----------------------------------|-----------|

[Show Payment](#)

- ◆ After entering all mandatory fields and uploading the necessary supporting documents, Operator Clicks on "Show Payment" button, like shown in the below screen.



### Birth/Death Certificate Request

Please Select Payment Mode

|                        |                   |
|------------------------|-------------------|
| Payment Modes          | Cash              |
| Service Type *         | Birth Certificate |
| Registration Unit ID * | 50035             |
| Registration No *      | 8                 |
| Registration Year *    | 1993              |

Search

[Data not available-click here](#)

[Get Details](#)

### Applicant Details

|                      |                        |                    |                        |
|----------------------|------------------------|--------------------|------------------------|
| Application Number * | CDMA10000217           | Registration Date: | 04/01/1993             |
| Child Name :         |                        | Child SurName :    |                        |
| Date Of Birth :      | 01/01/1993             | Gender:            | M                      |
| Father Name :        | Chidara Venkaiah       | Father SurName :   |                        |
| Mother Name :        | Rathamma               | Mother SurName :   |                        |
| Birth Place :        | H                      | Location Name :    | jayalakshmi nursing ho |
| Hospital Name :      | jayalakshmi nursing ho | Mobile No :        |                        |
| Address At Birth:    | NA,NA,NA               | Residence Address: | NA,NA,NA               |
| Permanent Address:   | NA,NA,NA               | State :            | Andhra Pradesh         |
| District:            | PRAKASAM               | PinCode :          |                        |

### Informant Details

|                              |                                    |                       |                 |
|------------------------------|------------------------------------|-----------------------|-----------------|
| Informant Name: *            | RAKESH PODA                        | Informant Relation: * | S/O             |
| Informant Address:           | S/O PRASADARAO,<br>GONASAPUDI,CHIN | Mobile No.:           | XXXXXXXXXX      |
| AADHAR Card No:              | XXXXXXXXXXXX                       | Ration Card NO:       | WAPXXXXXXXXX014 |
| Email ID:                    | PODA.RAKESH@GMAIL                  | Remarks:              | NILL            |
| Pincode:                     | 525498                             | Delivery Type * :     | Post-Local      |
| Purpose Of the Certificate*: | EDUCATION                          | No of copies * :      | 2               |

### Postal Details

|           |             |              |            |
|-----------|-------------|--------------|------------|
| Door No:  | 12A         | District * : | PRAKASAM   |
| Mandal*:  | Chinaganjam | Panchayat:   | GONASAPUDI |
| Pin Code: | 523181      |              |            |

### Document List

|  |               |                      |           |
|--|---------------|----------------------|-----------|
| <input checked="" type="checkbox"/> Application Form | File Browse:* | C:\Documents and Set | Browse... |
|--|---------------|----------------------|-----------|

[Show Payment](#)

- ◆ After Clicking on "Show Payment" button, it will go to Conform Payment. Like shown in the below Screen.



[View Transactions](#)   [Reports](#)   [Home](#)   [Log Off](#)

### Birth/Death Certificate Request

Please Select Payment Mode

Payment Modes:

Service Type \* :

Registration Unit ID \* :    [Search](#)   [Data not available-click here](#)

Registration No \* :

Registration Year \* :

[Get Details](#)

### Applicant Details

Application Number \* :    Registration Date:

Child Name :    Child SurName :

Date Of Birth :    Gender:

Father Name :    Father SurName :

Mother Name :    Mother SurName :

Birth Place :    Location Name :

Hospital Name :    Mobile No :

Address At Birth:    Residence Address:

Permanent Address:    State :

District:    PinCode :

### Informant Details

Informant Name: \*    Informant Relation: \*

Informant Address:    Mobile No.: \*

AADHAR Card No:    Ration Card NO:

Email ID:    Remarks:

Pincode:    Delivery Type \* :

Purpose Of the Certificate: \*    No of copies \* :

### Postal Details

Door No:    District \* :

Mandali: \*    Panchayat:

Pin Code:



**Document List**

Application Form    File Browser: \*

**Uploaded Documents**

01~Test Document.docx

**Receive Payment**

|                 |                      |              |     |
|-----------------|----------------------|--------------|-----|
| Challan Amount  | <input type="text"/> | User Charges | 75  |
| Courier Charges | 32                   | Total Amount | 117 |

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Note: - Here Challan amount changed based on number of copies

- ◆ Based on the delivery option chosen by the citizen, the service charges will be calculated and displayed in the show payment, like shown in the below Screen.



View Transactions   Reports   Home   Log Off

### Birth/Death Certificate Request

Please Select Payment Mode

|                        |                   |        |                               |
|------------------------|-------------------|--------|-------------------------------|
| Payment Modes          | Cash              |        |                               |
| Service Type *         | Birth Certificate |        |                               |
| Registration Unit ID * | 50035             | Search | Data not available-click here |
| Registration No *      | 8                 |        |                               |
| Registration Year *    | 1993              |        |                               |

**Get Details**

#### Applicant Details

|                      |                        |                    |                        |
|----------------------|------------------------|--------------------|------------------------|
| Application Number * | CDMA10000217           | Registration Date: | 04/01/1993             |
| Child Name :         |                        | Child SurName :    |                        |
| Date Of Birth :      | 01/01/1993             | Gender:            | M                      |
| Father Name :        | Chidara Venkaiah       | Father SurName :   |                        |
| Mother Name :        | Rathamma               | Mother SurName :   |                        |
| Birth Place :        | H                      | Location Name :    | Jayalakshmi nursing hg |
| Hospital Name :      | Jayalakshmi nursing hg | Mobile No :        |                        |
| Address At Birth:    | NA,NA,NA               | Residence Address: | NA,NA,NA               |
| Permanent Address:   | NA,NA,NA               | State :            | Andhra Pradesh         |
| District:            | PRAKASAM               | PinCode :          |                        |

#### Informant Details

|                              |                                    |                       |                 |
|------------------------------|------------------------------------|-----------------------|-----------------|
| Informant Name: *            | RAKESH PODA                        | Informant Relation: * | S/O             |
| Informant Address:           | S/O PRASADARAO,<br>GONASAPUDI,CHIN | Mobile No.:           | XXXXXXXXXX      |
| AADHAR Card No:              | XXXXXXXXXXXX                       | Ration Card NO:       | WAPXXXXXXXXX014 |
| Email ID:                    | PODA.RAKESH@GMAIL                  | Remarks:              | NILL            |
| Pincode:                     | 525498                             | Delivery Type * :     | Post-Local      |
| Purpose Of the Certificate:* | EDUCATION                          | No of copies * :      | 2               |

#### Postal Details

|           |             |              |          |
|-----------|-------------|--------------|----------|
| Door No:  | 12A         | District * : | PRAKASAM |
| Mandali*: | Chinaganjam | Panchayati:  |          |
| Pin Code: | 523181      |              |          |

#### Document List

Application Form   File Browser: \*   Browse

**Show Payment**

#### Uploaded Documents

01~Test Document.docx

#### Receive Payment

|                 |    |              |     |
|-----------------|----|--------------|-----|
| Challan Amount  |    | User Charges | 75  |
| Courier Charges | 32 | Total Amount | 117 |

**Confirm Payment**

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- ◆ Operator collects the amount from the customer and submits the request By Clicking on “Conform Payment” button, like shown in the below screen.



### Birth/Death Certificate Request

Please Select Payment Mode

|                        |                   |
|------------------------|-------------------|
| Payment Modes          | Cash              |
| Service Type *         | Birth Certificate |
| Registration Unit ID * | 50035             |
| Registration No *      | 8                 |
| Registration Year *    | 1993              |

[Search](#)

[Get Details](#)

#### Applicant Details

|                      |                        |                    |                        |
|----------------------|------------------------|--------------------|------------------------|
| Application Number * | CDMA10000217           | Registration Date: | 04/01/1993             |
| Child Name :         |                        | Child SurName :    |                        |
| Date Of Birth :      | 01/01/1993             | Gender:            | M                      |
| Father Name :        | Chidara Venkaiah       | Father SurName :   |                        |
| Mother Name :        | Rathamma               | Mother SurName :   |                        |
| Birth Place :        | H                      | Location Name :    | Jayalakshmi nursing hg |
| Hospital Name :      | Jayalakshmi nursing hg | Mobile No. :       |                        |
| Address At Birth:    | NA,NA,NA               | Residence Address: | NA,NA,NA               |
| Permanent Address:   | NA,NA,NA               | State :            | Andhra Pradesh         |
| District:            | PRAKASAM               | PinCode :          |                        |

#### Informant Details

|                               |                                    |                       |                 |
|-------------------------------|------------------------------------|-----------------------|-----------------|
| Informant Name: *             | RAKESH PODA                        | Informant Relation: * | S/O             |
| Informant Address:            | S/O PRASADARAO,<br>GONASAPUDI,CHIN | Mobile No. *          | XXXXXXXXXX      |
| AADHAR Card No:               | XXXXXXXXXXXX                       | Ration Card NO:       | WAPXXXXXXXXX014 |
| Email ID:                     | PODA.RAKESH@GMAIL                  | Remarks:              | NILL            |
| Pincode:                      | 525498                             | Delivery Type * :     | Post-Local      |
| Purpose Of the Certificate: * | EDUCATION                          | No of copies * :      | 2               |

#### Postal Details

|           |             |              |          |
|-----------|-------------|--------------|----------|
| Door No:  | 12A         | District * : | PRAKASAM |
| Mandal: * | Chinaganjam | Panchayat:   |          |
| Pin Code: | 523181      |              |          |

#### Document List

|  |                |                      |                                       |
|--|----------------|----------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Application Form | File Browse: * | <input type="text"/> | <input type="button" value="Browse"/> |
|--|----------------|----------------------|---------------------------------------|

[Show Payment](#)

#### Uploaded Documents

01~Test Document.docx

#### Receive Payment

|                 |    |              |     |
|-----------------|----|--------------|-----|
| Challan Amount  |    | User Charges | 75  |
| Courier Charges | 32 | Total Amount | 117 |

[Confirm Payment](#)

- ◆ After clicking on Conform Payment Receipt Will be generated. Like shown in the below screen.





[View Transactions](#) [Reports](#) [Home](#) [Log Off](#)



Date :03/10/2012  
Time :12:00 PM

| Birth Certificate Receipt   |              |                        |             |
|-----------------------------|--------------|------------------------|-------------|
| Date of Payment :03/10/2012 |              |                        |             |
| Authorized Agent Name:      | OPERATOR     | Transaction ID :       | T122118287  |
| Application No:             | CDMA10000217 | Informant Name:        | RAKESH PODA |
| Child Name                  |              | District:              | PRAKASAM    |
| Delivery Type:              | Post-Local   | Amount Paid (in Rs.) : | 117         |

TCS TEST CHANNEL

The Transaction ID should be kept for further correspondence.

[Print Receipt](#) [List of Services](#) [Birth Certificate Request](#) [Print Certificate](#)

Site Best viewed in 1024\*768 / E7

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- ◆ Now operator Clicks on Print Certificate button. Like shown in the below screen.

[View Transactions](#) [Reports](#) [Home](#) [Log Off](#)



Date :03/10/2012  
Time :12:00 PM

| Birth Certificate Receipt   |              |                        |             |
|-----------------------------|--------------|------------------------|-------------|
| Date of Payment :03/10/2012 |              |                        |             |
| Authorized Agent Name:      | OPERATOR     | Transaction ID :       | T122118287  |
| Application No:             | CDMA10000217 | Informant Name:        | RAKESH PODA |
| Child Name                  |              | District:              | PRAKASAM    |
| Delivery Type:              | Post-Local   | Amount Paid (in Rs.) : | 117         |

TCS TEST CHANNEL

The Transaction ID should be kept for further correspondence.

[Print Receipt](#) [List of Services](#) [Birth Certificate Request](#) [Print Certificate](#)

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- ◆ After clicking on Print Certificate button, Certificate generated. Like shown in the below screen.



**Form 5**  
**ఆంధ్రప్రదేశ్ ప్రభుత్వము**  
**GOVERNMENT OF ANDHRA PRADESH**  
**DEPARTMENT OF MUNICIPAL**  
**ADMINISTRATION**  
**వైద్య ఆరోగ్యశాఖ**  
**MEDICAL & HEALTH DEPARTMENT**  
**జనన దృవ పత్రము**  
**BIRTH CERTIFICATE**



**Certificate Id : 95-B-100220**

జనన మరణ నమోదు చట్టము 1969,12/17విభాగము ప్రకారము ,ఆంధ్రప్రదేశ్ జనన మరణ నమోదు నిబంధనలు 1999,8/13 నిబంధన క్రింద జారీ చేయబడినది.

**(Issued under Section 12/17 of the Registration of Births and Deaths Act 1969 and Rules 8/13 of the Andhra Pradesh Registration of Births and Deaths Rules 1999)**

ఆంధ్రప్రదేశ్ రాష్ట్రము PRAKASAM జిల్లా ONGOLE MUNICIPAL (స్థానిక ప్రదేశము) జనన రిజిస్టరు లోని జననానికి సంబంధించిన ఆసలు రికార్డు నుండి,క్రింది సమాచారము తీసుకోనబడినదని దృవీకరించడమైనది.

This is to certify that the following information has been taken from the original record of birth which is in the Register for(local area / local body) ONGOLE MUNICIPAL PRAKASAM District of State Andhra Pradesh.

|  |  |
|--|--|
| పేరు / Name  | .  |
| లింగము/ Sex  | Male.  |
| పుట్టిన తేదీ / Date of Birth   | 01/01/1993.<br>ZeroOne ZeroOne OneNineNineThree. |
| పుట్టిన స్థలము / Place of Birth  | H.   |
| తల్లి పేరు / Name of Mother  | Rathnamma .                                      |
| తండ్రి పేరు / Name of the Father   | Chidara Venkaiah .                               |
| బిడ్డ జన్మించినపుడు తల్లి దండ్రుల చిరునామ / Address of the parents at the time of Birth of Child | NA,NA,NA.  |
| తల్లిదండ్రుల స్థిరచిరునామ / Permanent Address of parents   | NA,NA,NA.  |
| నమోదు సం./ Registration Number   | 8.   |
| నమోదు తేదీ/ Date of Registration   | Jan 1 1993 12:00AM.                              |
| విమర్శలు/ Remarks  | REGISTERED.                                      |
| జారీ చేసిన తేదీ / Date Of Issue  | 03/10/2012.                                      |

Application No:



C D M A 1 0 0 0 0 2 1 7

Date : 03/10/2012

Verified by : TANNIRU SARVESWARA BABU

Certified By

Registrar of Births & Deaths  
ONGOLE MUNICIPAL  
PRAKASAM DISTRICT  
ముద్ర/ Seal

[Print](#)   [Home](#)   [Download Certificate](#)

Note: - If you are already registered but don't have "Registration Unit ID", "Registration No/Acknowledgement No"and "Registration Year" then, approach Type2.

**Type2: -**

- ◆ Operator clicks on "search" link. Like shown in the below screen.

- ◆ After clicking on search" link then popup window will be displayed. Like shown in the below screen.



| Search Birth Details |                |                       |        |
|----------------------|----------------|-----------------------|--------|
| State*:              | Andhra Pradesh | District*:            | Select |
| Location*:           | Select         | Registration UnitId*: |        |
| Birth Year*:         | (YYYY)         | Father Name:          |        |
| Mother Name:         |                | Hospital Name:        |        |
| Gender*:             | Select         |                       |        |

**Note: Please enter only names(not surname) in Name fields.**

[Get Details](#)

- ◆ Operator enters all mandatory fields such as District, Location, Registration Unit ID, Birth Year, gender and clicking on “Get Details” Button. Like shown in the Below Screen.

| Search Birth Details |                       |                       |                                |
|----------------------|-----------------------|-----------------------|--------------------------------|
| State*:              | Andhra Pradesh        | District*:            | CHITTOOR                       |
| Location*:           | Municipal Corporation | Registration UnitId*: | CHITTOOR MUNICIPAL CORPORATION |
| Birth Year*:         | 2010 (YYYY)           | Father Name:          |                                |
| Mother Name:         |                       | Hospital Name:        | Select                         |
| Gender*:             | Male                  |                       |                                |

**Note: Please enter only names(not surname) in Name fields.**

[Get Details](#)

- ◆ After clicking on “Get Details” button, list of records will be displayed. Like shown in the below screen.



**Search Birth Details**

State\*: Andhra Pradesh      District\*: CHITTOOR

Location\*: Municipal Corporation      Registration UnitId\*: CHITTOOR MUNICIPAL CORPC

Birth Year\*: 2010 (YYYY)      Father Name:

Mother Name:       Hospital Name: Select

Gender\*: Male

**Note: Please enter only names(not surname) in Name fields.**

[Get Details](#)

**Please Select Birth/Death Record**

| Select                   | Registration Unit ID | Registration No | Registration Year | Reg Date   | Date Of Birth | Father Name        | Mother Name | Hospital Name | Address At Birth1 | Address At Birth2 | Address At Birth3 | Perr Ad |
|--------------------------|----------------------|-----------------|-------------------|------------|---------------|--------------------|-------------|---------------|-------------------|-------------------|-------------------|---------|
| <input type="checkbox"/> | 50008                | 27              | 2010              | 03/12/2010 | 18/11/2010    | Vijay Sekhar Reddy | Kalyani     | Village       | NA                | NA                | NA                |         |
| <input type="checkbox"/> | 50008                | 1               | 2010              | 13/12/2010 | 23/11/2010    | Praveen            | Nirmala     | Village       | NA                | NA                | NA                |         |

- Select Required Record by check the check box and clicking ob Submit button. Like shown in the below screen.

**Search Birth Details**

State\*: Andhra Pradesh      District\*: CHITTOOR

Location\*: Municipal Corporation      Registration UnitId\*: CHITTOOR MUNICIPAL CORPC

Birth Year\*: 2010 (YYYY)      Father Name:

Mother Name:       Hospital Name: Select

Gender\*: Male

**Note: Please enter only names(not surname) in Name fields.**

[Get Details](#)

**Please Select Birth/Death Record**

| Select                              | Registration Unit ID | Registration No | Registration Year | Reg Date   | Date Of Birth | Father Name        | Mother Name | Hospital Name   | Address At Birth1 | Address At Birth2 | Address At Birth3 | Perr Ad |
|-------------------------------------|----------------------|-----------------|-------------------|------------|---------------|--------------------|-------------|-----------------|-------------------|-------------------|-------------------|---------|
| <input checked="" type="checkbox"/> | 50008                | 27              | 2010              | 03/12/2010 | 18/11/2010    | Vijay Sekhar Reddy | Kalyani     | Village         | NA                | NA                | NA                |         |
| <input type="checkbox"/>            | 50008                | 1               | 2010              | 13/12/2010 | 23/11/2010    | Praveen            | Nirmala     | Village         | NA                | NA                | NA                |         |
| <input type="checkbox"/>            | 50008                | 15              | 2010              | 13/12/2010 | 25/11/2010    | Jabeer             | Rachana     | Village         | NA                | NA                | NA                |         |
| <input type="checkbox"/>            | 50008                | 17              | 2010              | 13/12/2010 | 26/11/2010    | Muruga             | Malar       | Srinagar Colony | NA                | NA                | NA                |         |

1 2 3 4 5 6 7 8 9 10 ... >>

[Submit](#)

- After clicking on "Submit" button, Registration Unit ID, Registration No and Registration Year are mapped to main window. Like shown in the below screen.



View Transactions Reports Home Log Off

**Birth/Death Certificate Request**

Please Select Payment Mode

Payment Modes: Cash

Service Type \*: Birth Certificate

Registration Unit ID \*: 50035

Registration No \*: 3

Registration Year \*: 1993

Search [Data not available-click here](#)

Get Details

Note: - From this point onwards the process is the same as that of the "Type1".

### Type3: -

- ◆ Operator selects the service and clicking on "Data not Available" link if data not available. Like shown in the below screen.

View Transactions Reports Home Log Off

**Birth/Death Certificate Request**

Please Select Payment Mode

Payment Modes: Cash

Service Type \*: Birth Certificate

Registration Unit ID \*:

Registration No \*:

Registration Year \*:

Search [Data not available-click here](#)

Get Details

- ◆ After clicking on "Data not Available" link below screen will be displayed.



[View Transactions](#) [Reports](#) [Home](#) [Log Off](#)

### Birth/Death Certificate Request

Please Select Payment Mode

|                         |   |
|-------------------------|---|
| Payment Modes           | <input type="text" value="Cash"/>   |
| Service Type *:         | <input type="text" value="Birth Certificate"/>  |
| Registration Unit ID *: | <input type="text"/> <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No *:      | <input type="text"/>  |
| Registration Year *:    | <input type="text"/>  |

[Get Details](#)

### Applicant Details

|                      |   |                        |   |
|----------------------|---|------------------------|---|
| Application Number*: | <input type="text" value="CDMA11000085"/> | Registration Date*:    | <input type="text" value="01/11/2012"/> |
| Child Name *:        | <input type="text"/>                      | Child SurName *:       | <input type="text"/>                    |
| Father Name *:       | <input type="text"/>                      | Father SurName*:       | <input type="text"/>                    |
| Mother Name *:       | <input type="text"/>                      | Mother SurName *:      | <input type="text"/>                    |
| Date Of Birth *:     | <input type="text"/>                      | Birth Place *:         | <input type="text" value="Hospital"/>   |
| Hospital Name *:     | <input type="text"/>                      | Hospital Address1 *:   | <input type="text"/>                    |
| Hospital Address2 *: | <input type="text"/>                      | Hospital Address3 *:   | <input type="text"/>                    |
| District *:          | <input type="text" value="Select"/>       | Registration UnitId *: | <input type="text"/>                    |

### Informant Details

|                              |                      |                       |                                     |
|------------------------------|----------------------|-----------------------|-------------------------------------|
| Informant Name: *            | <input type="text"/> | Informant Relation: * | <input type="text" value="Select"/> |
| Informant Address:           | <input type="text"/> | Mobile No.:*          | <input type="text"/>                |
| AADHAR Card No:              | <input type="text"/> | Ration Card NO:       | <input type="text"/>                |
| Email ID:                    | <input type="text"/> | Remarks:              | <input type="text"/>                |
| Pincode:                     | <input type="text"/> | Delivery Type *:      | <input type="text" value="Select"/> |
| Purpose Of the Certificate:* | <input type="text"/> | No of copies *:       | <input type="text"/>                |

### Document List

|   |               |                      |  |
|---|---------------|----------------------|--|
| <input type="checkbox"/> Application Form | File Browse:* | <input type="text"/> | <input type="button" value="Browse..."/> |
|---|---------------|----------------------|--|

[Show Payment](#)

- ◆ Now operator enters all Applicant Details and Informant Details. Like shown in the Below Screen.





[View Transactions](#) [Reports](#) [Home](#) [Log Off](#)

### Birth/Death Certificate Request

Please Select Payment Mode

Payment Modes

Service Type \*:

Registration Unit ID \*:  [Search](#) [Data not available-click here](#)

Registration No \*:

Registration Year \*:

[Get Details](#)

### Applicant Details

Application Number\*:  Registration Date\*:

Child Name \*:  Child SurName \*:

Father Name \*:  Father SurName\*:

Mother Name \*:  Mother SurName \*:

Date Of Birth \*:  Birth Place \*:

Hospital Name \*:  Hospital Address1 \*:

Hospital Address2 \*:  Hospital Address3 \*:

District \*:  Registration UnitId \*:

### Informant Details

Informant Name: \*  Informant Relation: \*

Informant Address:  Mobile No.: \*

AADHAR Card No:  Ration Card NO:

Email ID:  Remarks:

Pincode:  Delivery Type \*:

Purpose Of the Certificate: \*  No of copies \*:

### Document List

Application Form

[Show Payment](#)

Note: - Based on the customer request, the delivery option (either through Manual/In Person or Speed Post - Local or Speed Post - Non Local at the Franchisee) has to be selected. The charges for Postal (Local) is Rs. 33/- and for Postal Non Local is Rs. 46/-.



### Birth/Death Certificate Request

Please Select Payment Mode

|                        |   |
|------------------------|---|
| Payment Modes          | Cash  |
| Service Type *         | Birth Certificate   |
| Registration Unit ID * | <input type="text"/> <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No *      | <input type="text"/>  |
| Registration Year *    | <input type="text"/>  |

[Get Details](#)

### Applicant Details

|                     |               |                       |                          |
|---------------------|---------------|-----------------------|--------------------------|
| Application Number* | CDMA11000085  | Registration Date*    | 01/11/2012               |
| Child Name *        | ANIL KUMAR    | Child SurName *       | PODA                     |
| Father Name *       | PRASADARAO    | Father SurName*       | PODA                     |
| Mother Name *       | RATNA         | Mother SurName *      | PODA                     |
| Date Of Birth *     | 12/10/2010    | Birth Place *         | Hospital                 |
| Hospital Name *     | PODA HOSPITAL | Hospital Address1 *   | MEESEVA TOWN             |
| Hospital Address2 * | APONLINE ROAD | Hospital Address3 *   | KOTTAGUDA                |
| District *          | CHITTOOR      | Registration UnitId * | Madanapalle MUNICIPALITY |

### Informant Details

|                              |                      |                       |                |
|------------------------------|----------------------|-----------------------|----------------|
| Informant Name: *            | PODA RAKESH          | Informant Relation: * | S/O            |
| Informant Address:           | GONASAPUDI           | Mobile No.:           | XXXXXXXXXX     |
| AADHAR Card No:              | XXXXXXXXXXXX         | Ration Card NO:       | WAPXXXXXXXX587 |
| Email ID:                    | PODA_RAKESH@GMAIL    | Remarks:              | NILL           |
| Pincode:                     | 523181               | Delivery Type * :     | Select         |
| Purpose Of the Certificate:* | <input type="text"/> | No of copies * :      | Select         |

**Delivery Type \* :** Select  
Select  
Post-Local  
Post-NonLocal  
Manual/In Person

### Document List

Application Form **File Browse:**  [Browse...](#)

[Show Payment](#)

Note: - If delivery type is post-local/non local then, postal details panel is generated. Like shown in the below screen.



[View Transactions](#) [Reports](#) [Home](#) [Log Off](#)

### Birth/Death Certificate Request

Please Select Payment Mode

|                        |   |
|------------------------|---|
| Payment Modes          | Cash  |
| Service Type *         | Birth Certificate   |
| Registration Unit ID * | <input type="text"/> <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No *      | <input type="text"/>  |
| Registration Year *    | <input type="text"/>  |

[Get Details](#)

### Applicant Details

|                     |               |                       |                          |
|---------------------|---------------|-----------------------|--------------------------|
| Application Number* | CDMA11000085  | Registration Date*    | 01/11/2012               |
| Child Name *        | ANIL KUMAR    | Child SurName *       | PODA                     |
| Father Name *       | PRASADARAO    | Father SurName*       | PODA                     |
| Mother Name *       | RATNA         | Mother SurName *      | PODA                     |
| Date Of Birth *     | 12/10/2010    | Birth Place *         | Hospital                 |
| Hospital Name *     | PODA HOSPITAL | Hospital Address1 *   | MEESEVA TOWN             |
| Hospital Address2 * | APONLINE ROAD | Hospital Address3 *   | KOTTAGUDA                |
| District *          | CHITTOOR      | Registration UnitId * | Madanapalle MUNICIPALITY |

### Informant Details

|                              |                      |                       |                      |
|------------------------------|----------------------|-----------------------|----------------------|
| Informant Name *             | PODA RAKESH          | Informant Relation: * | S/O                  |
| Informant Address:           | GONASAPUDI           | Mobile No.:           | XXXXXXXXXX           |
| AADHAR Card No:              | XXXXXXXXXXXX         | Ration Card NO:       | WAPXXXXXXXX587       |
| Email ID:                    | PODA,RAKESH@GMAIL    | Remarks:              | NILL                 |
| Pincode:                     | 523181               | Delivery Type * :     | Post-Local           |
| Purpose Of the Certificate:* | <input type="text"/> | No of copies * :      | <input type="text"/> |

### Postal Details

|           |                      |              |                      |
|-----------|----------------------|--------------|----------------------|
| Door No:  | <input type="text"/> | District * : | Select               |
| ULB:*     | <input type="text"/> | Panchayat:   | <input type="text"/> |
| Pin Code: | <input type="text"/> |              |                      |

### Document List

|   |               |                      |  |
|---|---------------|----------------------|--|
| <input type="checkbox"/> Application Form | File Browse:* | <input type="text"/> | <input type="button" value="Browse..."/> |
|---|---------------|----------------------|--|

[Show Payment](#)

- ◆ Now operator enters purpose of the certificate and No of copies. Like shown in the below screen.



[View Transactions](#) [Reports](#) [Home](#) [Log Off](#)

### Birth/Death Certificate Request

Please Select Payment Mode

Payment Modes:

Service Type \*:

Registration Unit ID \*:  [Search](#) [Data not available-click here](#)

Registration No \*:

Registration Year \*:

[Get Details](#)

### Applicant Details

Application Number\*:  Registration Date\*:

Child Name \*:  Child SurName \*:

Father Name \*:  Father SurName\*:

Mother Name \*:  Mother SurName \*:

Date Of Birth \*:  Birth Place \*:

Hospital Name \*:  Hospital Address1 \*:

Hospital Address2 \*:  Hospital Address3 \*:

District \*:  Registration UnitId \*:

### Informant Details

Informant Name: \*  Informant Relation: \*

Informant Address:  Mobile No.: \*

AADHAR Card No:  Ration Card NO:

Email ID:  Remarks:

Pincode:  Delivery Type \*:

Purpose Of the Certificate: \*  No of copies \*:

### Postal Details

Door No:  District \*:

ULB: \*  Panchayat:

Pin Code:

### Document List

Application Form **File Browse:**  [Browse...](#)

[Show Payment](#)

- ◆ Operator enters all Postal details such as door no, district, ULB, Panchayat and pin code. Like shown in the below screen.



[View Transactions](#) [Reports](#) [Home](#) [Log Off](#)

### Birth/Death Certificate Request

#### Please Select Payment Mode

|                        |   |
|------------------------|---|
| Payment Modes          | Cash  |
| Service Type *         | Birth Certificate   |
| Registration Unit ID * | <input type="text"/> <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No *      | <input type="text"/>  |
| Registration Year *    | <input type="text"/>  |

[Get Details](#)

#### Applicant Details

|                     |               |                       |                          |
|---------------------|---------------|-----------------------|--------------------------|
| Application Number* | CDMA11000085  | Registration Date*    | 01/11/2012               |
| Child Name *        | ANIL KUMAR    | Child SurName *       | PODA                     |
| Father Name *       | PRASADARAO    | Father SurName*       | PODA                     |
| Mother Name *       | RATNA         | Mother SurName *      | PODA                     |
| Date Of Birth *     | 12/10/2010    | Birth Place *         | Hospital                 |
| Hospital Name *     | PODA HOSPITAL | Hospital Address1 *   | MEESEVA TOWN             |
| Hospital Address2 * | APONLINE ROAD | Hospital Address3 *   | KOTTAGUDA                |
| District *          | CHITTOOR      | Registration UnitId * | Madanapalle MUNICIPALITY |

#### Informant Details

|                              |                   |                      |                 |
|------------------------------|-------------------|----------------------|-----------------|
| Informant Name *             | PODA RAKESH       | Informant Relation * | S/O             |
| Informant Address:           | GONASAPUDI        | Mobile No.:          | XXXXXXXXXX      |
| AADHAR Card No:              | XXXXXXXXXXXXXX    | Ration Card NO:      | WAPXXXXXXXXX587 |
| Email ID:                    | PODA.RAKESH@GMAIL | Remarks:             | NILL            |
| Pincode:                     | 523181            | Delivery Type *      | Post-Local      |
| Purpose Of the Certificate:* | EDUCATION         | No of copies *       | 4               |

#### Postal Details

|           |              |            |          |
|-----------|--------------|------------|----------|
| Door No:  | 12A          | District * | CHITTOOR |
| ULB:*     | Vadamalapeta | Panchayat: |          |
| Pin Code: | 523181       |            |          |

#### Document List

|   |               |                      |  |
|---|---------------|----------------------|--|
| <input type="checkbox"/> Application Form | File Browse:* | <input type="text"/> | <input type="button" value="Browse..."/> |
|---|---------------|----------------------|--|

[Show Payment](#)

- ◆ Operator collects the necessary supporting documents as indicated in the service page and scans the same documents and uploads into the System. Like shown in the below screen.



[View Transactions](#) [Reports](#) [Home](#) [Log Off](#)

### Birth/Death Certificate Request

Please Select Payment Mode

|                        |   |
|------------------------|---|
| Payment Modes          | Cash  |
| Service Type *         | Birth Certificate   |
| Registration Unit ID * | <input type="text"/> <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No *      | <input type="text"/>  |
| Registration Year *    | <input type="text"/>  |

[Get Details](#)

### Applicant Details

|                     |               |                       |                          |
|---------------------|---------------|-----------------------|--------------------------|
| Application Number* | CDMA11000085  | Registration Date*    | 01/11/2012               |
| Child Name *        | ANIL KUMAR    | Child SurName *       | PODA                     |
| Father Name *       | PRASADARAO    | Father SurName*       | PODA                     |
| Mother Name *       | RATNA         | Mother SurName *      | PODA                     |
| Date Of Birth *     | 12/10/2010    | Birth Place *         | Hospital                 |
| Hospital Name *     | PODA HOSPITAL | Hospital Address1 *   | MEESEVA TOWN             |
| Hospital Address2 * | APONLINE ROAD | Hospital Address3 *   | KOTTAGUDA                |
| District *          | CHITTOOR      | Registration UnitId * | Madanapalle MUNICIPALITY |

### Informant Details

|                              |                   |                       |                |
|------------------------------|-------------------|-----------------------|----------------|
| Informant Name: *            | PODA RAKESH       | Informant Relation: * | S/O            |
| Informant Address:           | GONASAPUDI        | Mobile No.:           | XXXXXXXXXX     |
| AADHAR Card No:              | XXXXXXXXXXXX      | Ration Card NO:       | WAPXXXXXXXX587 |
| Email ID:                    | PODA.RAKESH@GMAIL | Remarks:              | NILL           |
| Pincode:                     | 523181            | Delivery Type *       | Post-Local     |
| Purpose Of the Certificate:* | EDUCATION         | No of copies *        | 4              |

### Postal Details

|           |              |            |          |
|-----------|--------------|------------|----------|
| Door No:  | 12A          | District * | CHITTOOR |
| ULB: *    | Vadamalapeta | Panchayat: |          |
| Pin Code: | 523181       |            |          |

### Document List

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Application Form | File Browser: C:\Documents and Settings\... Browse... |
|--|---|

[Show Payment](#)

- ◆ After entering all mandatory fields and uploading the necessary supporting documents, Operator Clicks on "Show Payment" button, like shown in the below screen.





[View Transactions](#) [Reports](#) [Home](#) [Log Off](#)

### Birth/Death Certificate Request

Please Select Payment Mode

|                        |   |
|------------------------|---|
| Payment Modes          | Cash  |
| Service Type *         | Birth Certificate   |
| Registration Unit ID * | <input type="text"/> <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No *      | <input type="text"/>  |
| Registration Year *    | <input type="text"/>  |

[Get Details](#)

### Applicant Details

|                     |               |                       |                          |
|---------------------|---------------|-----------------------|--------------------------|
| Application Number* | CDMA11000085  | Registration Date*    | 01/11/2012               |
| Child Name *        | ANIL KUMAR    | Child SurName *       | PODA                     |
| Father Name *       | PRASADARAO    | Father SurName*       | PODA                     |
| Mother Name *       | RATNA         | Mother SurName *      | PODA                     |
| Date Of Birth *     | 12/10/2010    | Birth Place *         | Hospital                 |
| Hospital Name *     | PODA HOSPITAL | Hospital Address1 *   | MEESEVA TOWN             |
| Hospital Address2 * | APONLINE ROAD | Hospital Address3 *   | KOTTAGUDA                |
| District *          | CHITTOOR      | Registration UnitId * | Madanapalle MUNICIPALITY |

### Informant Details

|                              |                   |                       |                |
|------------------------------|-------------------|-----------------------|----------------|
| Informant Name: *            | PODA RAKESH       | Informant Relation: * | S/O            |
| Informant Address:           | GONASAPUDI        | Mobile No.:           | XXXXXXXXXX     |
| AADHAR Card No:              | XXXXXXXXXXXXXX    | Ration Card NO:       | WAPXXXXXXXX587 |
| Email ID:                    | PODA.RAKESH@GMAIL | Remarks:              | NILL           |
| Pincode:                     | 523101            | Delivery Type *       | Post-Local     |
| Purpose Of the Certificate:* | EDUCATION         | No of copies *        | 4              |

### Postal Details

|           |              |            |          |
|-----------|--------------|------------|----------|
| Door No:  | 12A          | District * | CHITTOOR |
| ULB: *    | Vadamalapeta | Panchayat: |          |
| Pin Code: | 523101       |            |          |

### Document List

|  |                                    |           |
|--|------------------------------------|-----------|
| <input checked="" type="checkbox"/> Application Form | File Browser: C:\Documents and Set | Browse... |
|--|------------------------------------|-----------|

[Show Payment](#)

- ◆ After Clicking on “Show Payment” button, it will go to Conform Payment. Like shown in the below Screen.



### Birth/Death Certificate Request

Please Select Payment Mode

|                        |   |
|------------------------|---|
| Payment Modes          | <input type="text" value="Cash"/>   |
| Service Type *         | <input type="text" value="Birth Certificate"/>  |
| Registration Unit ID * | <input type="text"/> <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No *      | <input type="text"/>  |
| Registration Year *    | <input type="text"/>  |

[Get Details](#)

### Applicant Details

|                     |  |                       |   |
|---------------------|--|-----------------------|---|
| Application Number* | <input type="text" value="CDMA11000085"/>  | Registration Date*    | <input type="text" value="01/11/2012"/>               |
| Child Name *        | <input type="text" value="ANIL KUMAR"/>    | Child SurName *       | <input type="text" value="PODA"/>                     |
| Father Name *       | <input type="text" value="PRASADARAO"/>    | Father SurName*       | <input type="text" value="PODA"/>                     |
| Mother Name *       | <input type="text" value="RATNA"/>         | Mother SurName *      | <input type="text" value="PODA"/>                     |
| Date Of Birth *     | <input type="text" value="12/10/2010"/>    | Birth Place *         | <input type="text" value="Hospital"/>                 |
| Hospital Name *     | <input type="text" value="PODA HOSPITAL"/> | Hospital Address1 *   | <input type="text" value="MEESEVA TOWN"/>             |
| Hospital Address2 * | <input type="text" value="APONLINE ROAD"/> | Hospital Address3 *   | <input type="text" value="KOTTAGUDA"/>                |
| District *          | <input type="text" value="CHITTOOR"/>      | Registration UnitId * | <input type="text" value="Madanapalle MUNICIPALITY"/> |

### Informant Details

|                              |  |                      |   |
|------------------------------|--|----------------------|---|
| Informant Name *             | <input type="text" value="PODA RAKESH"/>       | Informant Relation * | <input type="text" value="S/O"/>              |
| Informant Address:           | <input type="text" value="GONASAPUDI"/>        | Mobile No. *         | <input type="text" value="XXXXXXXXXX"/>       |
| AADHAR Card No:              | <input type="text" value="XXXXXXXXXXXX"/>      | Ration Card NO:      | <input type="text" value="W/APXXXXXXXXX5R7"/> |
| Email ID:                    | <input type="text" value="PODA_RAKESH@GMAIL"/> | Remarks:             | <input type="text" value="NULL"/>             |
| Pincode:                     | <input type="text" value="523101"/>            | Delivery Type *      | <input type="text" value="Post-Local"/>       |
| Purpose Of the Certificate * | <input type="text" value="EDUCATION"/>         | No of copies *       | <input type="text" value="4"/>                |

### Postal Details

|           |   |            |                                       |
|-----------|---|------------|---------------------------------------|
| Door No:  | <input type="text" value="12A"/>          | District * | <input type="text" value="CHITTOOR"/> |
| ULB *     | <input type="text" value="Vadamalapeta"/> | Panchayat: | <input type="text"/>                  |
| Pin Code: | <input type="text" value="523101"/>       |            |                                       |

### Document List

Application Form

[Show Payment](#)

### Uploaded Documents

### Receive Payment

|                 |                                 |              |                                  |
|-----------------|---------------------------------|--------------|----------------------------------|
| Challan Amount  | <input type="text" value="0"/>  | User Charges | <input type="text" value="75"/>  |
| Courier Charges | <input type="text" value="33"/> | Total Amount | <input type="text" value="108"/> |

[Confirm Payment](#)

- ◆ Based on the delivery option chosen by the citizen, the service charges will be calculated and displayed. The courier charges for Postal (Local) is Rs. 33/- and for Postal Non Local is Rs. 46/-.

Note: - Here Challan amount changed based on number of copies



### Birth/Death Certificate Request

Please Select Payment Mode

|                        |                      |
|------------------------|----------------------|
| Payment Modes          | Cash                 |
| Service Type *         | Birth Certificate    |
| Registration Unit ID * | <input type="text"/> |
| Registration No *      | <input type="text"/> |
| Registration Year *    | <input type="text"/> |

[Get Details](#)

### Applicant Details

|                     |               |                       |                          |
|---------------------|---------------|-----------------------|--------------------------|
| Application Number* | CDMA11000085  | Registration Date*    | 01/11/2012               |
| Child Name *        | ANIL KUMAR    | Child SurName *       | PODA                     |
| Father Name *       | PRASADARAO    | Father SurName*       | PODA                     |
| Mother Name *       | RATNA         | Mother SurName *      | PODA                     |
| Date Of Birth *     | 12/10/2010    | Birth Place *         | Hospital                 |
| Hospital Name *     | PODA HOSPITAL | Hospital Address1 *   | MEESEVA TOWN             |
| Hospital Address2 * | APONLINE ROAD | Hospital Address3 *   | KOTTAGUDA                |
| District *          | CHITTOOR      | Registration UnitId * | Madanapalle MUNICIPALITY |

### Informant Details

|                              |                   |                      |                 |
|------------------------------|-------------------|----------------------|-----------------|
| Informant Name *             | PODA RAKESH       | Informant Relation * | S/O             |
| Informant Address:           | GONASAPUDI        | Mobile No.1 *        | XXXXXXXXXX      |
| AADHAR Card No:              | XXXXXXXXXXXXXX    | Ration Card NO:      | WAPXXXXXXXXX587 |
| Email ID:                    | PODA.RAKESH@GMAIL | Remarks:             | NILL            |
| Pincode:                     | 523181            | Delivery Type *      | Post-Local      |
| Purpose Of the Certificate*: | EDUCATION         | No of copies *       | 4               |

### Postal Details

|           |              |            |          |
|-----------|--------------|------------|----------|
| Door No:  | 12A          | District * | CHITTOOR |
| ULB: *    | Vadamalapeta | Panchayat: |          |
| Pin Code: | 523181       |            |          |

### Document List

|  |                |                      |           |
|--|----------------|----------------------|-----------|
| <input checked="" type="checkbox"/> Application Form | File Browse: * | <input type="text"/> | Browse... |
|--|----------------|----------------------|-----------|

[Show Payment](#)

### Uploaded Documents

### Receive Payment

|                 |    |              |     |
|-----------------|----|--------------|-----|
| Challan Amount  | 0  | User Charges | 75  |
| Courier Charges | 33 | Total Amount | 108 |

[Confirm Payment](#)

- ◆ Operator collects the amount from the customer and submits the request By Clicking on “Conform Payment” button, like shown in the below screen.



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### Birth/Death Certificate Request

Please Select Payment Mode

|                        |   |
|------------------------|---|
| Payment Modes          | <input type="text" value="Cash"/>   |
| Service Type *         | <input type="text" value="Birth Certificate"/>  |
| Registration Unit ID * | <input type="text"/> <a href="#">Search</a> <a href="#">Data not available-click here</a> |
| Registration No *      | <input type="text"/>  |
| Registration Year *    | <input type="text"/>  |

[Get Details](#)

### Applicant Details

|                     |  |                       |   |
|---------------------|--|-----------------------|---|
| Application Number* | <input type="text" value="CDMA11000085"/>  | Registration Date*    | <input type="text" value="01/11/2012"/>               |
| Child Name *        | <input type="text" value="ANIL KUMAR"/>    | Child SurName *       | <input type="text" value="PODA"/>                     |
| Father Name *       | <input type="text" value="PRASADARAO"/>    | Father SurName*       | <input type="text" value="PODA"/>                     |
| Mother Name *       | <input type="text" value="RATNA"/>         | Mother SurName *      | <input type="text" value="PODA"/>                     |
| Date Of Birth *     | <input type="text" value="12/10/2010"/>    | Birth Place *         | <input type="text" value="Hospital"/>                 |
| Hospital Name *     | <input type="text" value="PODA HOSPITAL"/> | Hospital Address1 *   | <input type="text" value="MEESEVA TOWN"/>             |
| Hospital Address2 * | <input type="text" value="APONLINE ROAD"/> | Hospital Address3 *   | <input type="text" value="KOTTAGUDA"/>                |
| District *          | <input type="text" value="CHITTOOR"/>      | Registration UnitId * | <input type="text" value="Madanapalle MUNICIPALITY"/> |

### Informant Details

|                              |  |                      |  |
|------------------------------|--|----------------------|--|
| Informant Name *             | <input type="text" value="PODA RAKESH"/>       | Informant Relation * | <input type="text" value="S/O"/>             |
| Informant Address:           | <input type="text" value="GONASAPUDI"/>        | Mobile No. *         | <input type="text" value="XXXXXXXXXX"/>      |
| AADHAR Card No:              | <input type="text" value="XXXXXXXXXXXX"/>      | Ration Card NU:      | <input type="text" value="WAFXXXXXXXXX587"/> |
| Email ID:                    | <input type="text" value="PODA.RAKESH@GMAIL"/> | Remarks:             | <input type="text" value="NIL"/>             |
| Pincode:                     | <input type="text" value="523101"/>            | Delivery Type *      | <input type="text" value="Post-Local"/>      |
| Purpose Of the Certificate * | <input type="text" value="EDUCATION"/>         | No of copies *       | <input type="text" value="4"/>               |

### Postal Details

|           |   |            |                                       |
|-----------|---|------------|---------------------------------------|
| Door No:  | <input type="text" value="12A"/>          | District * | <input type="text" value="CHITTOOR"/> |
| ULB *     | <input type="text" value="Vadamalapeta"/> | Panchayat: | <input type="text"/>                  |
| Pin Code: | <input type="text" value="523101"/>       |            |                                       |

### Document List

Application Form

[Show Payment](#)

### Uploaded Documents

### Receive Payment

|                 |                                 |              |                                  |
|-----------------|---------------------------------|--------------|----------------------------------|
| Challan Amount  | <input type="text" value="0"/>  | User Charges | <input type="text" value="75"/>  |
| Courier Charges | <input type="text" value="33"/> | Total Amount | <input type="text" value="108"/> |

[Confirm Payment](#)

- ◆ On confirmation the receipt will be generated as shown below along with the Certificate Delivery Date. Please note that in case if you do not have sufficient balance with your service provider (SCA), system will not accept the request.



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Date :01/11/2012

Time :6:20 PM

| Birth Certificate Receipt   |              |                           |             |
|-----------------------------|--------------|---------------------------|-------------|
| Date of Payment :01/11/2012 |              |                           |             |
| Authorized Agent Name:      | OPERATOR     | Transaction ID :          | T122118916  |
| Application No:             | CDMA11000469 | Informant Name:           | PODA RAKESH |
| Child Name                  | ANIL KUMAR   | District:                 | CHITTOOR    |
| Delivery Type:              | Post-Local   | No.Of Copies:             | 4           |
| Amount Paid (in Rs.):       | 137          | Certificate Delivery Date | 09/11/2012  |

TCS TEST CHANNEL

The Transaction Id should be kept for further correspondence.

[Print Receipt](#) [List of Services](#) [Birth Certificate Request](#)

- ◆ On submission, the request will go to respective AHMO workflow for further processing.
- ◆ Once the request is approved by AHMO then, Birth Certificate will be dispatched through courier to the customer's address if Delivery Type is Speed Post Local/Non Local.
- ◆ If Delivery Type Is Manual, then citizen collect the Birth Certificate from franchisee where he/she applied for the Certificate.

**Note: Death Certificate-CDMA also doing same like as Birth Certificate-CDMA.**