NOTIFICATION

The 17th December, 2024

No. DES-32026/1/202-DES— In exercise of the powers conferred by Section 30 of the Registration of Births and Deaths Act, 1969 (18 of 1969) the Governor of Arunachal Pradesh with the approval of the Central Government, hereby frames the Registration of Births and Deaths (Amendment) Rules, 2024 to amend the Arunachal Pradesh Registration of Births and Deaths Rules, 2001 namely:

- 1. (1) These rules may be called the Arunachal Pradesh Registration of Births and Deaths (Amendment) Rules, 2024.
 - (2) They shall come into force from the date of their publication in the Official Gazette.
- 2. In the Arunachal Pradesh Registration of Births and Deaths Rules, 2001 (hereinafter referred to as the principal rules), in rule 5, after sub-rule
 - (3) the following sub-rules shall be inserted, namely:—
 - "(4) Name, wherever it occurs, in Forms referred to in Arunachal Pradesh Registration of Births and Deaths (Amendment) Rules, 2024, shall be provided in the format of (first name) (middle name) (last name) and the name shall not contain any abbreviations.
 - (5) Date, wherever it occurs, in Forms referred to in Arunachal Pradesh Registration of Births and Deaths (Amendment) Rules, 2024, shall be provided in the format of dd-mm-yyyy, where dd is the date in two digits, mm is the month in two digits and yyyy is the year in four digits.
 - (6) The address, wherever it occurs, in Forms referred to in Arunachal Pradesh Registration of Births and Deaths (Amendment) Rules, 2024, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code".
- 3. In rule 8 of the principal rules,
 - (a) in the marginal heading, for the word, figures and brackets "Section 10(3)", the words, brackets and figures "sub-sections (2) and (3) of Section 10" shall be substituted;
 - (b) after the words "certificate as to the cause of death", the words ",including the history of illness, if any," shall be inserted;
 - (c) for the words, brackets and figure "sub-section (3)", the words, brackets and figures "sub-sections (2) and (3)" shall be substituted;
 - (d) for the words, figures and letter "Form No.4 or 4A", the words, figures and letter "Form No. 4 and 4A respectively" shall be substituted.
- 4. In rule 9 of the principal rules,
 - (a) in the marginal heading, for the words "Extracts of registration entries to be given", the words "Certificate of registration of births or deaths to be given" shall be substituted;
 - (b) in the sub-rule (1),
 - (i) for the words "extracts of particulars", the words "certificate of birth or death extracted" shall be substituted;
 - (ii) after the words "given to an informant", the words ",electronically or otherwise," shall be inserted;
 - (c) for sub-rule (2), the following sub-rule shall be substituted, namely:—
 - "(2) In the case of domiciliary events of births and deaths, as the case may be, referred to in clauses (a), (aa), (ab) and (ac) of sub-section (1) of Section 8 which are reported direct to the Registrar of Births and Deaths, the head of the house or household, as the case may be, or, in his absence, the nearest relative of the head present in the house, or, in his absence, the oldest adult person present, the adoptive parents, the parent, and the biological parent, as the case may be, may obtain electronically or otherwise the certificate of birth or death from the Registrar within thirty days of its reporting.";
 - (d) in sub-rule (3),—
 - (i) after the words "shall transmit", the words ",electronically or otherwise," shall be inserted;
 - (ii) for the word "extracts", the word "certificate" shall be substituted;
 - (iii) after the words "present in the house", the words "or, in his absence, the oldest adult person present," shall be inserted;
 - (e) in sub-rule (4),—
 - (i) for the words, brackets and letters "births and deaths referred to in clauses (b) to (e)", the words, brackets and letters "births and deaths, as the case may be, referred to in clauses (b) to (e) and (da), (db) and (dc)" shall be substituted;
 - (ii) for the word "collect", the words "obtain electronically or otherwise "shall be substituted;
 - (iii) for the word "extract", the word "certificate" shall be substituted;
 - f) in sub-rule (5), for the word "extract", the word "certificate" shall be substituted.

- 5. In rule 10 of the principal rules,
 - (a) in sub-rule (1), for the words "rupee two", the words "one hundred rupees" shall be substituted;
 - (b) for sub-rules (2) and (3), the following sub-rules shall be substituted, namely :-
 - "(2) Any birth or death of which delayed information is given to the Registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of the District Registrar or the officer prescribed in this behalf and on payment of a late fee of two hundred rupees and on production of self-attested document, electronically or otherwise, in Form No. 14.
 - (3) Any birth or death of which delayed information is given to the Registrar after one year of its occurrence, shall be registered only on an Order made by a District Magistrate or Sub-Divisional Magistrate or by an Executive Magistrate authorised by the District Magistrate, having jurisdiction over the area where the birth or death has taken place and on payment of a late fee of five hundred rupees".
- In rule 13 of the principal rules, after the words and figure "Forms No. 1", the figure and letter, "1A" shall be inserted.
- 7. In rule 14 of the principal rules,
 - (a) in sub-rule (1),-
 - (i) for the words "an extract", the words "a certificate of birth or death" shall be substituted;
 - (ii) for the words and figures "issued under Section 17, shall be as follow", the words and figures "issued under Section 17, electronically or otherwise, shall be as follows" shall be substituted;
 - (iii) for the word "₹", the word "Rupees" shall be substituted;
 - (iv) for the figures "2.00", wherever it occurs, the figures "100.00" shall be substituted respectively;
 - (v) in clause (c), ---
 - (I) for the word "extract", the word "certificate" shall be substituted;
 - (II) for the figures "5.00", the figures "200.00" shall be substituted;
 - (vi) in column (d), for the figures "2.00", the figures "100.00" shall be substituted.
 - (b) in sub-rule (2), for the words "extract in regard to a birth or death shall be issued", the words and figures "certificate on the basis of extract from the register relating to birth or death shall be issued under Section 17," shall be substituted;
 - (c) in sub-rule (4), for the word "extracts", the word "certificate" shall be substituted.
- 8. In rule 17 of the principal rules, for sub-rule (2), the following sub-rule shall be substituted, namely:-
 - "(2) Any such offence may be compounded on payment of such sum, not exceeding two hundred and fifty rupees for offences under sub-sections (1), (2) and (4), fifty rupees for offences under sub-section (3), and one thousand rupees in respect of each birth or death for offences under sub-sections (1A) and (4A) of Section 23, as the said officer may think fit.".
- 9. After rule 17 of the principal rules, the following rule shall be inserted, namely:-
 - "17A. Appeal. An appeal under sub-section (1) of Section 25A shall be preferred in Form No. 15."
- 10. In rule 18 of the principal rules,
 - (a) in sub-rule (2), for the words and figures "court orders and orders of the specified authorities granting permission for delayed registration received under Section 13 by the Registrar", the words, brackets and figures "permission granted under sub-section (2) of Section 13 and the orders issued under sub-section (3) of Section 13 for delayed registration received by the Registrar" shall be substituted;
 - (b) in sub-rule (3), for the words, brackets and figure "sub-section (3)", the words, brackets and figures "sub-sections (2) and (3)" shall be substituted.
- 11. In the principal rules, for the Forms No. 1, 1A, 2, 3, 4, 4A, 5, 6, 7, 8, 9, 10, 11, 12 and 13, the following Forms shall be substituted.(forms attached herewith).

By order of the Governor

Ankur Garg, IAS Commissioner (Economics & Statistics), Government of Arunachal Pradesh, Itanagar. "FORM NO.1 (See rule 5) BIRTH REPORT

Legal information
[SEE REVERSE FOR INSTRUCTIONS]

This part to be added to the Birth Register

FORM NO.1 (See rule 5)

BIRTH REPORT Statistical information [SEE REVERSE FOR INSTRUCTIONS] This part to be detached and sent for statistical processing

	To be filled by the informant				To be filled by the informant				
1.	Date of Birth : D D - M M - Y Y Y Y			10.	Town or Village of Residence of the mother (Plac where the mother usually lives. This can be different				
2.	Sex(Enter "Male" or "Female" or "Transgender person"):				from the place where the delivery occurred. Tic				
3.	Child's Details (If not named, leave blank):-				appropriate entry "Town" or "Village" and write it name):				
(a)	Name, if any : First Name Middle Name Last Name				Town or Village: Sub-district:				
(b)	adhaar No. (if available):				District: State or Union Territory:				
4.	Father's Details:-				PIN Code:				
(a) (b)	Name: First Name Middle Name Last Name			11.	For Religion [Enter appropriate religion"Hindu" of				
(c)	Aadhaar No. (if available):				Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]				
(d)	Mobile No:			(a)	Religion of Father:				
5.	Email ld:			(b)	Religion of Mother:				
э. (a)	Mother's Details:- Name: First Name Middle Name Last Name		ing	12.	Father's level of education:				
(b)	Aadhaar No. (if available):		ess	13.	Mother's level of education:				
(c)	Mobile No:		roc	10.	mother 3 level of education.				
(d)	Email Id:		ä	14.	Father's Occupation:				
6.	Address of parents at the time of Birth of the Child:HouseNo:		istic	15.	Mother's Occupation:				
	Locality: Ward number (in case of town and if available):		stat						
	Town or Village: Sub-district: District: State or Union Territory: PIN Code:		for	16.	Age of the mother (in completed years) at the tim of marriage (If married more than once, age at fin				
7.	Permanentaddress of parents: House No:		ent		marriage is to be written):				
7.	Locality: Ward number (in case of town and if available):		s p	17.	Age of the mother (in completed years) at the time				
	Town or Village: Sub-district: District:		a		of this birth :				
	State or Union Territory: PIN Code:		be detached and sent for statistical processing	18.	Number of children born alive to the mother so fa				
8.	Place of birth(Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth tool	of k	etac		including this child (Number of children born alive t include also those from earlier marriage(s), if any):				
	place):		ě						
	1.Hospital/ Institution Name :		To b	19.	Type of attention at delivery (Tick the appropriat entry below):				
	2.House 3. Other place Address: HouseNo: Locality: Ward number (in case of town and if available):		_		Institutional-Government				
	Town or Village: Sub-district: District:				Institutional – Government Institutional – Private or Non-Government				
	State or Union Territory: PIN Code:				Doctor, Nurse or Trained Midwife Traditional Birth Attendant				
9.	Informant's Details:				5. Relatives or others				
(a)	Name: First Name Middle Name Last Name			20.	Method of Delivery (Tick the appropriate entry below):				
(b)	Aadhaar No. (if available):				1. Natural				
(c) (d)	Mobile No:				Caesarean Forceps/Vacuum				
(e)	Email Id: Address :HouseNo:								
	Locality: Ward number (in case of town and if available):			21.	Birth Weight (in kgs.) (if available):				
	Town or Village: Sub-district: District:			22.	Duration of pregnancy (in weeks):				
DECL	State or Union Territory: PIN Code:								
□Iha	ve furnished true information to the best of my knowledge and belief. I am aware of the penalties								
	section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting nformation. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Othe								
Subsid	lies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaa				(In the case of multiple higher fill in a congrete form				
auther	tication.				(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth'				
	completing all columns 1 to 22, ant will put date and signature)				etc., as the case may be, in the remarks column in the box below left.)				
IIIIOIIII	ant will put date and signature)				are box bolow left.				
Date left th	: DDD - MM - YYYYY umb mark of the informant		(0	Column	ns to be filled are over. Now put signature at left)				
ion th	AND THAT OF THE HINGHIGH								
	To be filled by the Registrar				To be filled by the Registra.				
					Name Code No.				
Ü	ion No. :			Distri	rict				
	ion Date: D D - M M - Y Y Y Y ion Unit:			Sub-	-District				
Town / V				Town	rn/Village :				
Sub-Dist	-			Registi	tration Unit :				
District:					tration No. :				
Remarks	(if any):			Registr	tration Date:				
				Date of Birth : D D - M M - Y Y Y					
					Male / Female / Transgender person				
				Place	of Birth: 1. Hospital/Institution 2. House 3. Other place				
Name ar	d Signature of the Registrar			Name	and Signature of the Registrar				

Instructions for completing the Form 1 : BIRTH REPORT

Item No.	Instructions										
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.										
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.										
3,4,5,9	Name, wherever it occurs, is to be provided in the format of (first name) (middle name) (last name) where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either (first name) or (middle name) or (last name). If child is not named, leave blank.										
		without name of the child. onths of registration (Ref									
6,7,8,9	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub- district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.										
8	Tick the appropriate entry for place of birth 1. Hospital/Institution 2. House 3. Other place Give the name and address of the "Hospital/Institution" or the address of the "House" or 'Other place" where the birth took place.										
10	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.										
12,13	Level of Education - Wr	ite one of following-									
	1. Pre-Primary 6. Class	ss 5 11. Class 10	16. Bachelor/ Undergraduate	21. Literate without formal education							
	2. Class 1 7. Class	ss 6 12. Class 11	17. PG Diploma	22. Illiterate							
	3. Class 2 8. Clas	ss 7 13. Class 12	18. Master/Post graduate								
	4. Class 3 9. Class	ss 8 14. ITI	19. M.Phil								
	5. Class 4 10. Clas	ss 9 15. Diploma/ Certificate	20. Doctorate & above								
	(Enter the completed le write class - VI)	evel of education e.g. if stu	udied upto class VII bเ	ut passed only class VI,							
14, 15	Occupation - Write one	of following-									
	1. Cultivator										
	2. Agriculture Labour										
		er(Other than Agriculture L	_abourer)								
	4. Single/Family Wor	ker/Self Employed									
	5. Employer										
	6. Government Empl		,								
		Other than Domestic Help	per)								
	8. Domestic Helper										
	9. Non-Worker										

Note: The informant must ensure that no item in the Birth Report Form is left blank to the extent possible.

	BIRTH REPORT FOR ADOPTED CHILD	BII		PORT FOR ADOPTED CHILD
	[SEE REVERSE FOR INSTRUCTIONS] This part to be added to the Birth Register			RSE FOR INSTRUCTIONS] be detached and sent for statistical processing
	To be filled by the informant	1	parrio	To be filled by the informant
1*.	Date of Birth: DDD-MM-YYYYY		14.	For Religion [Enter appropriate religion"Hindu"
2*.	Sex(Enter "Male" or "Female" or "Transgender person"):			or Muslim" or "Christian" or "Sikh" or "Buddhist"
3.	Child's details (If name is changed on adoption, write new name):-			or "Jain" or "Other (Please specify)"]
(a)	Name of the Child First Name Middle Name Last Name			
(b)	Aadhaar No. (if available):		(a)	Religion of Adoptive Father:
4*.	Mother's Details (If known):-		(b)	Delinion of Adouthry Mothers
(a)	Name: First Name Middle Name Last Name		(b)	Religion of Adoptive Mother:
(b)	Aadhaar No. (if available):		15.	Adoptive Father's level of education:
(c)	Mobile No:		15.	Adoptive Father's level of education.
(d)	Email ld:			
5*. (a)	Father's Details(If known):-		16.	Adoptive Mother's level of education:
(b)	Name: First Name Middle Name Last Name			
(c)	Aadhaar No. (if available):	ing	17.	Adoptive Father's Occupation:
(d)	Mobile No: Email Id:	SSE		
6.	Details of adoption deed/order:-	statistical processing	18.	Adoptive Mother's Occupation:
(a)	Date: D D - M M - Y Y Y	I d		
(b)	Number of Adoption deed / order:	ica		
7.	Adoptive Mother's Details:-	tist		
(a)	Name: First Name Middle Name Last Name	sta		
(b)	Aadhaar No. (if available):	sent for		
(c)	Mobile No:	Ħ		
(d)	Email Id:			
8.	Adoptive Father's Details:-	and		
(a)	Name: First Name Middle Name Last Name			
(b)	Aadhaar No. (if available):	etached		
(c)	Mobile No:	eta		
(d)	Email Id:	e d		
9.	Address of adoptive parents as recorded in Adoption deed / order: House No:	P		
	Locality: Ward number (in case of town and if available):	²		
	Town or Village: Sub-district: District:			
	State or Union Territory: PIN Code:			
10.	Permanentaddress of adoptive parents: House No: Locality: Ward number (in case of town and if available):			
	Town or Village: Sub-district: District:			
	State or Union Territory: PIN Code:			
11*.	Place of birth: (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the '			
	Institution" or the address of the "House" or 'Other place" where the birth took place):			
	1.Hospital/ Institution Name :			
	2.House 3. Other place Address :HouseNo. Locality:	•		
		•		
	Ward number (in case of town and if available): Town or Village:			
	Ward number (in case of town and if available): Sub-district: Town or Village: District:			
12.	Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:			
12.	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No:			
12.	Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:			
12.	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Town or Village: District: PIN Code: If adoption through agency write the address of the Adoption agency: House No: Ward number (in case of town and if available):			
12.	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through Locality: Ward number (in case of town and if available): Sub-district: State or Union Territory: PIN Code: District: District: District: District: PIN Code: District: PIN Code: District: PIN Code: District: District: PIN Code: District: Distric			
	Ward number (in case of town and if available): Town or Village: Sub-district: State or Union Territory: PIN Code:			
13.	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through Locality: Ward number (in case of town and if available): Sub-district: State or Union Territory: PIN Code: District: District: District: District: PIN Code: District: PIN Code: District: PIN Code: District: District: PIN Code: District: Distric			
13. (a)	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: PIN Code: District: District: State or Union Territory: PIN Code: PIN Code: PIN Code: District: State or Union Territory: PIN Code: Last Name Addhaar No.(if available): Mobile No:			
13. (a) (b)	Ward number (in case of town and if available): Sub-district: State or Union Territory: Ward number (in case of town and if available): Town or Village: District: PIN Code: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id:			
13. (a) (b) (c)	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through Locality: Now address of the Adoption agency: Ward number (in case of town and if available): District: Name: First Name: Middle Name: Addhaar No.(if available): Mobile No: Mobile No: Email Id: Address :HouseNo: Locality: Ward number (in case of town and if available):			
13. (a) (b) (c) (d)	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Addhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Ward number (in case of town and if available): District: Ward number (in case of town and if available): District: PIN Code: District: PIN Code: PIN Code: District: PIN Code: PIN Code: District: PIN Code: PIN Code:			
13. (a) (b) (c) (d) (e)	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Addhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: District: State or Union Territory: PIN Code: District: PIN Code: PIN			
13. (a) (b) (c) (d) (e)	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Addhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): District: Sub-district: District: Ward number (in case of town and if available): District: Sub-district: District: Address: HouseNo: Email Id: Address: HouseNo: Locality: PIN Code: District: Sub-district: District: Address: HouseNo: Locality: PIN Code: District: Address: HouseNo: Locality: PIN Code: District: Sub-district: District: Sub-district: District: Address: HouseNo: Address: HouseNo: Address: HouseNo: Address: HouseNo: Address: HouseNo: Locality: PIN Code: District: District: Address: HouseNo: Address: HouseNo: Address: HouseNo: Address: HouseNo: District: District: District: District: District: Address: HouseNo: Address: HouseNo: Address: HouseNo: Address: HouseNo: Address: HouseNo: District: District: District: Address: HouseNo: Add			
13. (a) (b) (c) (d) (e) DECL penalt	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Sub-district: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Ward number (in case of town and if available): PIN Code: District: District: Ward number (in case of town and if available): District: Sub-district: District: District: Sub-district: District: Address: HouseNo: First Name Audie No: Email Id: Address: HouseNo: Address: HouseNo: Locality: PIN Code: District: Sub-district: District: District: State or Union Territory: PIN Code: District: Araction: District: District: District: District: State or Union Territory: PIN Code: District: District: District: District: District: District: District: District: District: District: District: District: District: District: Dist			
13. (a) (b) (c) (d) (e) DECL penalt false i	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Addhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): District: Sub-district: District: Ward number (in case of town and if available): District: Sub-district: District: Address: HouseNo: Email Id: Address: HouseNo: Locality: PIN Code: District: Sub-district: District: Address: HouseNo: Locality: PIN Code: District: Address: HouseNo: Locality: PIN Code: District: Sub-district: District: Sub-district: District: Address: HouseNo: Address: HouseNo: Address: HouseNo: Address: HouseNo: Address: HouseNo: Locality: PIN Code: District: District: Address: HouseNo: Address: HouseNo: Address: HouseNo: Address: HouseNo: District: District: District: District: District: Address: HouseNo: Address: HouseNo: Address: HouseNo: Address: HouseNo: Address: HouseNo: District: District: District: Address: HouseNo: Add			
13. (a) (b) (c) (d) (e) DECL penalt false is benefit (After	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: District: PIN Code: District: PIN Code: District: State or Union Territory: PIN Code: District: PIN Code: District: State or Union Territory: ARATION: 1 have furnished true information to the best of my knowledge and belief. I am aware of the less under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, ts and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18,			
13. (a) (b) (c) (d) (e) DECL penalt false ibenefice (After information)	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: District: Sub-district: District: Sub-district: District: Sub-district: District: Address: HouseNo: Frown or Village: Sub-district: District: PIN Code: District: PIN Code: District: State or Union Territory: PIN Code: Town or Village: Sub-district: District: State or Union Territory: PIN Code: Town or Village: Sub-district: District: District: State or Union Territory: PIN Code: Town or Village: Sub-district: District: District: State or Union Territory: PIN Code: Town or Village: Sub-district: District: District: District: PIN Code: District: PIN Code: District: PIN Code: District: District: Sub-district: District: PIN Code: District: District: District: PIN Code: District: District: Sub-district: District: Sub-district: District: District: PIN Code: District: District: District: Sub-district: District: District: PIN Code: District: District: PIN Code: District: District: District: District: District: District: District: District: District: District: District: District: Di			
13. (a) (b) (c) (d) (e) DECL penalt false i benefit (After inform	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Addhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): District: Sub-district: District: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: Address: HouseNo: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: Information Territory: PIN Code: Information Territory: As contained in the original birth certificate. ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the ies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, ts and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, ant will put date and signature) Signature or	(Cc	llumns te	be filled are over. Now put signature at left)
13. (a) (b) (c) (d) (e) DECL penalt false i benefit (After inform	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: District: Sub-district: District: Sub-district: District: Sub-district: District: Address: HouseNo: Frown or Village: Sub-district: District: PIN Code: District: PIN Code: District: State or Union Territory: PIN Code: Town or Village: Sub-district: District: State or Union Territory: PIN Code: Town or Village: Sub-district: District: District: State or Union Territory: PIN Code: Town or Village: Sub-district: District: District: State or Union Territory: PIN Code: Town or Village: Sub-district: District: District: District: PIN Code: District: PIN Code: District: PIN Code: District: District: Sub-district: District: PIN Code: District: District: District: PIN Code: District: District: Sub-district: District: Sub-district: District: District: PIN Code: District: District: District: Sub-district: District: District: PIN Code: District: District: PIN Code: District: District: District: District: District: District: District: District: District: District: District: District: Di	(CC	olumns të) be filled are over. Now put signature at left)
13. (a) (b) (c) (d) (e) DECL penalt false i benefit (After inform	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Addhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): District: Sub-district: District: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: Address: HouseNo: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: Information Territory: PIN Code: Information Territory: As contained in the original birth certificate. ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the ies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, ts and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, ant will put date and signature) Signature or	(Cc	llumns te	be filled are over. Now put signature at left)
13. (a) (b) (c) (d) (e) DECL penalt false i benefit (After inform	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Addhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): District: Sub-district: District: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: Address: HouseNo: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: Information Territory: PIN Code: Information Territory: As contained in the original birth certificate. ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the ies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, ts and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, ant will put date and signature) Signature or	(Cc	llumns te	be filled are over. Now put signature at left)
13. (a) (b) (c) (d) (e) DECL penalt false i benefit (After inform	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Addhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): District: Sub-district: District: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: Address: HouseNo: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: Information Territory: PIN Code: Information Territory: As contained in the original birth certificate. ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the ies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, ts and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, ant will put date and signature) Signature or	(Cc	llumns te	be filled are over. Now put signature at left)
13. (a) (b) (c) (d) (e) DECL penalt false i benefit (After inform	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Address: HouseNo: Email Id: Address: HouseNo: Locality: PIN Code: District: State or Union Territory: *As contained in the original birth certificate. ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the ies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, ts and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, and will put date and signature): District: Sub-district: District: District: District: Name: Address: House No: No: House No: Ward number (in case of town and if available): District: District: District: District: District: District: District: State or Union Territory: PIN Code: District: District: District: District: State or Union Territory: PIN Code: District: State o	(Cc	llumns te	<u> </u>
13. (a) (b) (c) (d) (e) DECL penalt false i benefi (After inform Date left th	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: Information to limit the original birth certificate. ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the ies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, and will put date and signature): Delimiter or will and signature or union mark of the informant To be filled by the Registrar	(Cc	llumns te	To be filled by the Registrar
13. (a) (b) (c) (d) (e) DECL penalt false i benefi (After inform Date left th	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: *As contained in the original birth certificate. ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the lies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, ts and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, ant will put date and signature): To be filled by the Registrar ation No.:		istrict	<u> </u>
13. (a) (b) (c) (d) (e) DECL penalt false is benefic (After inform Date left th	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Hobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: PIN Code: District: State or Union Territory: PIN Code: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: As contained in the original birth certificate. ARATION: ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the lies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, ant will put date and signature): District: To be filled by the Registrar ation No.: ation Date: To be filled by the Registrar		istrict ub-Distri	To be filled by the Registrar Name Code No.
13. (a) (b) (c) (d) (e) DECL penalt false benefi (After inform Date left th Registra Registra	Ward number (in case of town and if available): Sub-district: State or Union Territory: FIN Code: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Hobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: PIN Code: Informant's Details:- Nobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): District: PiN Code: Information: PiN Code: Information: ARATION: Information: ARATION: Information: Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, ts and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. Completing all columns 1 to 18, ant will put date and signature): To be filled by the Registrar ation No.: ation Date: D D - M M - Y Y Y Y Y Signature or umb mark of the informant		istrict ub-Distri own/Villa	To be filled by the Registrar Name Code No.
13. (a) (b) (c) (d) (e) DECL penalt false is benefic (After inform Date left th	Ward number (in case of town and if available): Sub-district: State or Union Territory: FIN Code: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Hobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: PIN Code: Informant's Details:- Nobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): District: PiN Code: Information: PiN Code: Information: ARATION: Information: ARATION: Information: Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, ts and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. Completing all columns 1 to 18, ant will put date and signature): To be filled by the Registrar ation No.: ation Date: D D - M M - Y Y Y Y Y Signature or umb mark of the informant		istrict ub-Distri own/Villa	To be filled by the Registrar Name Code No.
13. (a) (b) (c) (d) (e) DECL penalt false benefi (After inform Date left th Registra Registra	Ward number (in case of town and if available): Sub-district: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: District: State or Union Territory: PIN Code: In a ware of town and if available): PIN Code: In a ware of town and if available): ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the ies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, ts and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, and will put date and signature): To be filled by the Registrar ation No.: ation Date: District: Sub-District: Sub-District: Vard number (in case of town and if available): District: Town or Village: Sub-District: District: Town or Village: Address: ARATION: To be filled by the Registrar		istrict ub-Distri own/Villa	To be filled by the Registrar Name Code No. ct age: Unit: Registration No.:
13. (a) (b) (c) (d) (e) DECL penalt false i benefi (After inform Date left th Registra Registra Registra Town / District:	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: District: State or Union Territory: PIN Code: Information Village: Sub-district: District: District: ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the ies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Addhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, and will put date and signature): To be filled by the Registrar ation No.: ation Date: To be filled by the Registrar ation Date: Sub-District: Sub-District:	L C S T Re	istrict ub-Distri own/Villa gistration gistration	To be filled by the Registrar Name Code No. ct age: Unit: Registration No.:
13. (a) (b) (c) (d) (e) DECL penalt false i benefi (After inform Date left th Registra Registra Registra Town / District:	Ward number (in case of town and if available): Sub-district: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: District: State or Union Territory: PIN Code: In a ware of town and if available): PIN Code: In a ware of town and if available): ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the ies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, ts and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, and will put date and signature): To be filled by the Registrar ation No.: ation Date: District: Sub-District: Sub-District: Vard number (in case of town and if available): District: Town or Village: Sub-District: District: Town or Village: Address: ARATION: To be filled by the Registrar	L S T Re	istrict ub-Distri own/Villa gistration gistration e of Birth	To be filled by the Registrar Name Code No. ct age: Unit :Registration No. : Date: D D - M M - Y Y Y Y T: D D - M M - Y Y Y Y
13. (a) (b) (c) (d) (e) DECL penalt false i benefi (After inform Date left th Registra Registra Registra Town / District:	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: District: State or Union Territory: PIN Code: Information Village: Sub-district: District: District: ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the ies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Addhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, and will put date and signature): To be filled by the Registrar ation No.: ation Date: To be filled by the Registrar ation Date: Sub-District: Sub-District:	L S T Re Re Dat Se:	istrict ub-Distri own/Villa gistration gistration e of Birth	To be filled by the Registrar Name
13. (a) (b) (c) (d) (e) DECL penalt false i benefi (After inform Date left th Registra Registra Registra Town / District:	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: District: State or Union Territory: PIN Code: Information Village: Sub-district: District: District: ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the ies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Addhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, and will put date and signature): To be filled by the Registrar ation No.: ation Date: To be filled by the Registrar ation Date: Sub-District: Sub-District:	L C S T Ree Ree See Pla	istrict ub-Distri own/Villa gistratior gistratior e of Birth x :Male /	To be filled by the Registrar Name Code No. ct age: Unit :Registration No.: Date: DD - M M - Y Y Y Y Female / Transgender person th: 1. Hospital/Institution 2. House 3.
13. (a) (b) (c) (d) (e) DECL penalt false i benefi (After inform Date left th Registra Registra Registra Town / District:	Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No.(if available): Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: District: State or Union Territory: PIN Code: Information Village: Sub-district: District: District: ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the ies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Addhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, and will put date and signature): To be filled by the Registrar ation No.: ation Date: To be filled by the Registrar ation Date: Sub-District: Sub-District:	L C S T Ree Ree See Pla	istrict ub-Distri own/Villa gistration gistration e of Birth	To be filled by the Registrar Name Code No. ct age: Unit :Registration No.: Date: DD - M M - Y Y Y Y Temale / Transgender person th: 1. Hospital/Institution 2. House 3.

Name and Signature of the Registrar

Name and Signature of the Registrar

Instructions for completing the Form 1A: BIRTH REPORT FOR ADOPTED CHILD

Item No.	Instructions											
1, 6	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three.											
	If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as the case may be.											
	Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.											
2	Enter "Male"	or "Female" or "	Transgender Pers	son". Do not use abbre	eviation.							
3,4,5,7, 8,13	Name, wherever it occurs, is to be provided in the format of (first name) (middle name) (last name) where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either (first name) or (middle name) or (last name).											
9,10,11, 12,13	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.											
15,16	Level of Edu	ıcation - Write on	e of following-									
	1. Pre- Primary	6. Class 5	11. Class 10	16. Bachelor / Undergraduate	21. Literate without formal education							
	2. Class 1	7. Class 6	12. Class 11	17. PG Diploma	22. Illiterate							
	3. Class 2	8. Class 7	13. Class 12	18. Master/Post Graduate								
	4. Class 3	9. Class 8	14. ITI	19. M.Phil								
	5. Class 4	10. Class 9	15. Diploma/ Certificate	20. Doctorate and above								
	(Enter the co		f education e.g. if	studied upto class V	II but passed only class							
17,18	<u> </u>	- Write one of fol	lowing-									
	1. Cultivator											
	2. Agricultur											
	'	•	er than Agriculture	Labourer)								
		mily Worker/Sel	f Employed									
	5. Employer											
		ent Employee	oon Domastic Ust	aar)								
	7. Private El		nan Domestic Hel _l	per)								
		•										
9. Non-Worker												

Note: The informant responsible for reporting birth event of adopted child shall be as per the Registration of Births and Deaths Act, 1969 (amended in 2023).

The informant must ensure that no item in the form for Birth Report for Adopted Child is left blank to the extent possible.

	FORM NO.2(See rule 5) DEATH REPORT			FORM NO.2(See rule 5) DEATH REPORT					
	Legal information			Statistical information					
	[SEE REVERSE FOR INSTRUCTIONS] This part to be added to the Death Register		[SEE REVERSE FOR INSTRUCTIONS] This part to be detached and sent for statistical processing						
	To be filled by the informant			To be filled by the informant					
1.	Date of Death:		11.	Town or village of Residence of the deceased (Place					
2. (a)	Deceased's Details:- Name: First Name Middle Name Last Name			where the deceasedusually lived. This can be different from the place where the death occurred. Tick appropriate					
(b)	adhaar No. (if available):			entry "Town" or "Village" and write its name): Town or Village: Sub-district:					
(c)	Date of Birth (if available):			District: State or Union Territory:					
(d)	Age:			PIN Code:					
3.	Sex(Enter "Male" or "Female" or "Transgender person"):		12.	Religion(Enter appropriate religion"Hindu" or "Muslim" or					
4.	Mother's Details:- Name: First Name Middle Name Last Name			"Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"):					
(a) (b)	adhaar No. (if available):			, , , , , , , , , , , , , , , , , , , ,					
(c)	Mobile No:		13.	Occupation of the deceased:					
(d)	Email Id:	_	14.	Type of Medical Attention received before death (Tick					
5.	Father's Details:-	sing		the appropriate entry below):					
(a) (b)	Name: First Name Middle Name Last Name	Ses		Institutional Medical attention other than Institution					
(c)	Aadhaar No. (if available):	bro.		No Medical attention					
(d)	Email Id:	cal	15.	Was the cause of death medically certified? (Tick the					
6.	Spouse's (husband / wife) Details:-	tisti		appropriate entry below) : 1.Yes 2. No					
(a)	Name: First Name Middle Name Last Name	sta	16.	Name of Disease or Actual Cause of Death (For all					
(b)	Aadhaar No.(if available):	Į	10.	deaths irrespective of whether medically certified or not):					
(c) (d)	Date of Birth (if available): D D - M M - Y Y Y Y Age (in completed years):	ent		In case this is a female death, did the death occur					
(e)	Mobile No:	P P	17.	while pregnant, at the time of delivery or within 6					
(f)	Email ld:	daı		weeks after the end of pregnancy (Tick the appropriate entry below):					
7.	Address of the deceased at the time of death:HouseNo:	g		1.Yes 2. No					
	Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District:	eta	18.	If used to habitually smoke –					
	State or Union Territory: PIN Code:	b ed	10.	for how many years?					
8.	Permanent address of the deceased: House No:	To be detached and sent for statistical processing	19.	If used to habitually chew tobacco in any form –					
	Locality: Ward number (in case of town and if available):			for how many years?					
	Town or Village: Sub-district: District: State or Union Territory: PIN Code:		20.	If used to habitually chew arecanut in any form					
9.	Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address			(including pan masala) -					
э.	of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death			for how many years?					
	took place): 1.Hospital/ Institution Name:		21.	If used to habitually drink alcohol -					
	2.House 3. Other place Address :HouseNo:			for how many years?					
	Locality: Ward number (in case of town and if available):								
	Town or Village: Sub-district: District: State or Union Territory: PIN Code:								
10.	Informant's Details:-								
(a)	Name: First Name Middle Name Last Name								
(b)	Aadhaar No.(if available):								
(c)	Mobile No:								
(d) (e)	Email Id: Address :HouseNo.:								
(0)	Locality: Ward number (in case of town and if available):								
	Town or Village: Sub-district: District: State or Union Territory: PIN Code:								
	ARATION: I have furnished true information to the best of my knowledge and belief. I am								
	of the penalties under section 23 of the Registration of Births and Deaths Act, 1969								
	(amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted								
	rry of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating y by way of Aadhaar authentication.								
□To availal	ry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble.								
To availal	by of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble. completing all columns 1 to 21,								
To availal (After inform	ry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble.	(Co	lumns	to be filled are over. Now put signature at left)					
To availal (After inform	by of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not bile. completing all columns 1 to 21, nant will put date and signature)	(Co	lumns	to be filled are over. Now put signature at left)					
To availal (After inform	ry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble. completing all columns 1 to 21, tant will put date and signature) D D - M M - Y Y Y Signature or left thumb mark of the informant	(Cc	lumns						
To availal (After inform	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble. completing all columns 1 to 21, tant will put date and signature) To be filled by the Registrar	(Co	lumns	To be filled by the Registrar					
To availal (After inform	ry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble. completing all columns 1 to 21, tant will put date and signature) D D - M M - Y Y Y Signature or left thumb mark of the informant	(Co	llumns						
To availal (After inform Date	ry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble. completing all columns 1 to 21, and will put date and signature) To be filled by the Registrar tration No. :	(Co	Dist	To be filled by the Registrar Name Code No.					
availal (After inform Date Regis Regis	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble. completing all columns 1 to 21, nant will put date and signature) To be filled by the Registrar tration No.:	(Co	Dist	To be filled by the Registrar Name Code No.					
availal (After inform Date Regis Regis Regis	tration Date: Description To be filled by the Registrar tration Unit:	(Co	Dist Sub	To be filled by the Registrar Name Code No. To be filled by the Registrar					
Regis Regis	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble. completing all columns 1 to 21, nant will put date and signature) To be filled by the Registrar tration No.:	(Cc	Dist Sub Tow	To be filled by the Registrar Name Code No.					
Regis Regis Royn	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble. completing all columns 1 to 21, learn will put date and signature) To be filled by the Registrar tration No.: tration Date: D D - M M - Y Y Y Y Y tration Unit: / Village:	(Co	Dist Sub Tow	To be filled by the Registrar Name Code No. To be filled by the Registrar					
Regis Regis Town Sub-E	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble. completing all columns 1 to 21, nant will put date and signature) To be filled by the Registrar tration No.: tration Date: D D - M M - Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(Co	Dist Sub Tow Regis	To be filled by the Registrar Name Code No. Poistrict In/Village: tration Unit:					
Regis Regis Town	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble. completing all columns 1 to 21, nant will put date and signature) To be filled by the Registrar tration No.: tration Date: D D - M M - Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(Cc	Dist Sub Tow Regis Regis	To be filled by the Registrar Name Code No. rict -District n/Village: tration Unit: tration No.:					
Regis Regis Roys Sub-E	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble. completing all columns 1 to 21, and will put date and signature) To be filled by the Registrar tration No.: tration Date: DDD-MM-YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	(Cc	Dist Sub Tow Regis Regis	To be filled by the Registrar Name Code No. Poistrict In/Village: tration Unit:					
Regis Regis Regis Town Sub-E Distric Rema	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not bele. completing all columns 1 to 21, learn will put date and signature) To be filled by the Registrar tration No.: tration Date: D D - M M - Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(Cc	Dist Sub Tow Regis Regis	To be filled by the Registrar Name Code No. Poistrict In/Village: tration Unit: tration Date: To be filled by the Registrar Name Code No. To be filled by the Registrar Name Code No. To be filled by the Registrar Name Code No. The point of the					
Regis Regis Regis Town Sub-E Distric Rema	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not ble. completing all columns 1 to 21, and will put date and signature) To be filled by the Registrar tration No.: tration Date: DDD-MM-YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	CCC	Dist Sub Tow Regis Regis Regis	To be filled by the Registrar Name					
Regis Regis Regis Town Sub-E Distric Rema	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not bele. completing all columns 1 to 21, learn will put date and signature) To be filled by the Registrar tration No.: tration Date: D D - M M - Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(CC	Dist Sub Tow Regis Regis Regis Date of Sex:	To be filled by the Registrar Name Code No.					
Regis Regis Regis Town Sub-E Distric Rema	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not bele. completing all columns 1 to 21, learn will put date and signature) To be filled by the Registrar tration No.: tration Date: D D - M M - Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(CC	Dist Sub Tow Regis Regis Regis Date of Sex:	To be filled by the Registrar Name					
Regis Regis Regis Town Sub-E Distric Rema	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not bele. completing all columns 1 to 21, learn will put date and signature) To be filled by the Registrar tration No.: tration Date: D D - M M - Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(Ce	Dist Sub Tow Regis Regis Regis Date c Sex:	To be filled by the Registrar Name Code No.					
Regis Regis Regis Town Sub-E Distric Rema	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not bele. completing all columns 1 to 21, learn will put date and signature) To be filled by the Registrar tration No.: tration Date: D D - M M - Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(CC	Dist Sub Tow Regis Regis Regis Date c Sex:	To be filled by the Registrar Name Code No.					
Regis Regis Regis Town Sub-E Distric Rema	rry of Financial and Other Subsidies, benefits and Šervices) Act, 2016, for authenticating y by way of Aadhaar authentication. the best of my knowledge and information, the detail of Aadhaar of the deceased is not bele. completing all columns 1 to 21, learn will put date and signature) To be filled by the Registrar tration No.: tration Date: D D - M M - Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	(CC	Dist Sub Tow Regis Regis Regis Date c Sex:	To be filled by the Registrar Name Code No.					

Instructions for completing the Form 2: DEATH REPORT

Item No.	Instructions
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
2,4,5, 6,10	Name, wherever it occurs, is to be provided in the format of (first name) (middle name) (last name) where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either (first name) or (middle name) or (last name).
3	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.
2(d)	If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours.
7,8,9,10	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.
9	For Place of death tick the appropriate entry 1. Hospital/Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death took place.
11	Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following—
	1. Cultivator
	2. Agriculture Labourer
	3. Daily Wages Earner(Other than Agriculture Labourer)
	4. Single/Family Worker/Self Employed
	5. Employer
	6. Government Employee
	7. Private Employee(Other than Domestic Helper)
	8. Domestic Helper
	9. Non-Worker

Note: The informant must ensure that no item in the Death Report Form is left blank to the extent possible.

Instructions for completing the Form 3: STILL BIRTH REPORT

Item No.			Instructions							
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.									
2	Enter "Male"	or "Female" or "	Transgender Pers	on". Do not	use abbreviat	tion.				
3,4,6	Name, wherever it occurs, is to be provided in the format of (first name) (middle name) (last name) where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either (first name) or (middle name) or (last name).									
5,6	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.									
5	For Place of	birth tick the ap	propriate entry							
	1. Hospital/li	nstitution								
	2. House									
	3. Other place	ce								
		ne and address " where the birt		nstitution"	or the address	s of the "House" or				
7	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.									
9	Level of Educ	cation - Write or	ne of following-							
	1. Pre- Primary	6. Class 5	11. Class 10	16. Bach Unde	elor/ rgraduate	21. Literate without formal education				
	2. Class 1	7. Class 6	12. Class 11	17. PG D	iploma	22. Illiterate				
	3. Class 2	8. Class 7	13. Class 12	18. Mast Gradi	uate					
	4. Class 3	9. Class 8	14. ITI	19. M.Ph						
	5. Class 4	10. Class 9	15. Diploma/ Certificate	20. Docto	orate & above					
	class VI, w	rite class VI)	of education e.g.		pto class VII b	out passed only				
12.			te one of following	-	1					
	1. Bleeding (7. Diabetes in th		Parvovii	n in the mother rus B19				
	2. Problems	with Placental	Infection in the Coxsackie vii		14. Infection					
	3. Problem v	vith umbilical	Infection in th Herpes simple		15. Infection mother measles	Rubella (German				
	4. Pre-eclam	ıpsia	10. Infection in the Leptospirosis		16. Infection mother					
	5. Genetic p in the bab	hysical defect y	11. Infection in th Lyme diseas		17. Infection Toxopla	n in the mother mosis				
	6. Liver disorder in the mother (obstestric-cholestas) 12. Infection in the mother Malaria									

Note: The informant must ensure that no item in the Still Birth Report Form is left blank to the extent possible.

FORM NO. 4

(See rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital In-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

A copy of this certificate to be provided to the nearest relative of the deceased

Name of the Hospital	ulars are given below died in the hospital in Ward No	
on D D - M M - Y Y Y	7 at	
NAME OF DECEASED: First Name Middle N Sex If 1 year or more, If less than	Age at Death 1 year, age	For use of Statistical Office
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.	(a)	
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	(b)	
II Other significant conditions contributing to the death but not related to the disease or condition causing it	(c)	
Manner of Death	How did the injury occur?	
Natural 2. Accident 3. Suicide 4. Hom Pending investigation	• •	
If deceased was a female, was pregnancy the If yes, was there a delivery? 1. Yes 2. N		
	Name and signature of the Medical Attendant certifying	
	Date of verification:	M - Y Y Y Y
	SEE REVERSE FOR INSTRUCTIONS	

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be provided in the format of (first name) (middle name) (last name) where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either (first name) or (middle name) or (last name). If deceased is an infant, not yet named at time of death, leave blank.

Age: If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days and if below one day, in hours.

Cause of Death: This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths: Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: (a) Chronic bronchitis, II old age.

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia - Give type of anaemia, if known. Neoplasm - Indicate whether benign or malignant and site, with site of primary neoplasm, whenever possible, Heart disease - Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus - Describe the antecedent injury, if known. Operation - State the condition for which the operation was performed. Dysentery - Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery - Describe the complication specifically, Tuberculosis - Give organs affected.

Symptomatic statement : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death: Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.

In accordance with the provisions of Section 10 (2) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the Registrar and a copy of the same to the nearest relative of the deceased.

FORM NO. 4A

(See rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births)

(To be given to the person required under the Registration of Births and Deaths Act, 1969 (amended in 2023) to give information concerning the death to Registrar along with Form No. 2 (Death Report)

		esident of		Son/Wife/Daugh nder my treatment from	
	and he/s		AM. / PM.		
NAME OF DECEASE	D: First Name		ast Name ee at Death		
Sex	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	For use of Statistical Office
 Male Female Transgender Person 					
<u>cal</u> I	USE OF DEATH	(a)		Interval between onset and death approx.	
	se, injury or complicate to the mode of dying su etc.	due to (or tion which	r as a consequences of)		
	ns, if any, giving rise to derlying conditions last	due to (or	r as a consequences of)		
П		(c)			
	nditions contributing to disease or condition cau	using it			
	ased was a female, was p was there a delivery?	pregnancy the death associa . Yes 2. No	ated with? 1. Yes 2. N	No	

Name and signature of the Medical Practitioner certifying the cause of death

Date of verification: D D - M M - Y Y Y Y

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be provided in the format of (first name) (middle name) (last name) where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either (first name) or (middle name) or (last name). If deceased is an infant, not yet named at time of death, leave blank.

Age: If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days and if below one day, in hours.

Cause of Death: This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths: Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: (a) Chronic bronchitis, II old age.

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia - Give type of anaemia, if known. Neoplasm - Indicate whether benign or malignant and site, with site of primary neoplasm, whenever possible, Heart disease - Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus - Describe the antecedent injury, if known. Operation - State the condition for which the operation was performed. Dysentery - Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery - Describe the complication specifically, Tuberculosis - Give organs affected.

Symptomatic statement: Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

In accordance with the provisions of Section 10(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.

No **No. Form -** 5



State Govt.	GOVERNMENT OF
Emblem	DEPARTMENT OF/. (Name of local body issuing certificate)



BIRTH CERTIFICATE

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) an	d
Rule 8/13 of the Arunachal Pradesh Registration of Births and Death (Amendment) Rules 2024.	

This is to certify that the following information	n ha	s b	е	en	ta	ake	n	fro	m	the	ori	gina	al rec	ord o	of birth
which is the register for (local area/local body	·)													c	of Sub-
districtof Dist	rict										0	of	;	State	/Union
territory															
Name:															
Sex															
Date of Birth															
Place of birth															
Name of Mother															
Aadhaar No. of Mother:	X	Х		 	X	Χ	Х	Х	Х						
Name of Father							•			•					
Aadhaar No. of Father:	Х	Х)	()	X	Χ	Χ	Χ	Х						
Address of parents at the time of birth of the o	hild ·					Da	rrد	na	nor	nt a	ddr	-	of no	arents	
Address of parents at the time of birth of the c	лши.					1 (711	па	IICI	ка	uui	CSS	oi pe	ai Ci ita	э.
				•	• • • •								· • • • • • • • • • • • • • • • • • • •		
					•••							• • • • • • • • • • • • • • • • • • • •			••
Registration No :Date of Registration															
Remarks (if any)															
Date of issue:															
Signature of t	he is	SUİ	nr	1 2	ut	hoi	ritv.	,							
Address of the issuing authority		Juli	' ' &	, u	uс	. 101	٠.,								

Ensure registration of every birth and death

Seal



	_	rr	n		6
_	()	11	11	_	r

State
Govt.
Emblem

GOVERNMENT OF

DEPARTMENT OF................./. (Name of local body issuing certificate)...



DEATH CERTIFICATE

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rt 8/13 of the Arunachal Pradesh Registration of Births and Death (Amendment) Rules 2024.

is the register for (local area/local body)
Name:
Aadhaar No. of deceased: X X X X X X X X X X X X X X X X X X
Sex
Date of Death
Place of Death
Name of Mother
Aadhaar No. of Mother:
Name of Father
Aadhaar No. of Father:
Name of Husband / Wife
Name of Husband/Wife
Address of the deceased at the time of death: Permanent address of the deceased
Registration No :Date of Registration
Remarks (if any)
Date of issue:Signature of the issuing authority Address of the issuing authority
Seal

Ensure registration of every birth and death

FORM NO. 7 (See rule 12)

BIRTH REGISTER

Legal information

This part to be added to the Birth Register

1. Det of Birth: District "Real" or "Female" or "Transgender person"): 3. Chird's Details (fron tamea, leave blank): (a) Name, if any: Femilikans Media Name Last Name 3 Achird's Details: (b) Name, if any: Femilikans Media Name Last Name 4 Father's Details: (c) Name: Misch Name (d) Real Name (d)	2. Se 3. Cr (a) Na (b) adl 4. Fa (a) Na (b) Aa	ex(Enter "Male" or "Female" or "Transgender person"): nild's Details (If not named, leave blank):- ame, if any: First Name Middle Name Last Name haar No. (if available): Last Name
3. Child's Details (if not named, leave blank): (a) Name, if any:	3. Ch (a) Na (b) adl 4. Fa (a) Na (b) Aa	haar No. (if available): Last Name L
Name, if any: First Name Middle Name Last Name	(a) Na (b) add 4. Fa (a) Na (b) Aa	ame, if any: First Name Middle Name Last Name haar No. (if available): Last Name hther's Details:-
(a) Name, if any: First Name	(a) Na (b) add 4. Fa (a) Na (b) Aa	ame, if any: First Name Middle Name Last Name haar No. (if available): Last Name hther's Details:-
4. Father's Details: (a) Name: First Name Modide Name Last Name (b) Aadhaar No. (if available):	4. Fa (a) Na (b) Aa	other's Details:-
Address No. (if available): Address of parents at the time of Birth of the Child:HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: District: District: State or Union Territory: PIN Code: District: Distric	(a) Na	
(b) Aadhaar No. (If available):	(b) Aa	me: First Name Middle Name Last Name
Addreas No. (if available): Mobile No:	I Aa	
Mother's Details:	(C)	adhaar No. (if available):
5. Mother's Details:- (a) Name: (b) Aadhaar No. (if available): (c) Mobile No: (d) Email ld: 6. Address of parents at the time of Birth of the Child:HouseNo: Locality:	Mo	
Mounter Friest Name Middle Name Last Name Address Common Middle Name Last Name Address		naii id:
(b) Aadhaar No. (if available):	(2)	
Mobile No:	(b) Aa	
6. Address of parents at the time of Birth of the Child:HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: Town or Village: Sub-district: District: State or Union Territory: PIN Code: 1. Hospital / Institution * Name: 2. House of birth(Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place' where the birth took place): 1. Hospital/ Institution * Name: 2. House 3. Other place Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: 9. Informant's Details: (a) Name: First Name Middle Name Last Name (b) Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: DECLARATION: 1 I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and DeathsAct, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar authentication. DECLARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and DeathsAct, 1969 (amended in 2023) for submitting false information, Also, I give consent, under Aadhaar authentication.	(c)	
Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:	(d) En	nail ld:
Town or Village: Sub-district: District: State or Union Territory: PIN Code:	U.	• • • • • • • • • • • • • • • • • • •
State or Union Territory: PIN Code:		,
Town or Village: Sub-district: District: State or Union Territory: PIN Code: District: 1.Hospital / Institution Name: 2.House 3. Other placeAddress :HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: District: District: State or Union Territory: PIN Code: District: District: State or Union Territory: PIN Code: District: District: PIN Code: District: District: PIN Code: District: District: PIN Code: Distr		
Town or Village: Sub-district: District: State or Union Territory: PIN Code: District: 1.Hospital / Institution Name: 2.House 3. Other placeAddress :HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: District: District: State or Union Territory: PIN Code: District: District: State or Union Territory: PIN Code: District: District: PIN Code: District: District: PIN Code: District: District: PIN Code: Distr	Pe	ermanent address of parents: House No:
State or Union Territory: PIN Code:	7. Lo	cality: Ward number (in case of town and if available):
8. Place of birth(Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "Hospital / Institution" or the address of the "Hospital / Institution" Name: 2. House 3. Other placeAddress: HouseNo:		
address of the "House" or "Other place" where the birth took place): 1. Hospital/ Institution Name: 2. House 3. Other placeAddress: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: 9. Informant's Details: (a) Name: First Name Middle Name Last Name (b) Aadhaar No. (if available): Locality: Ward number (in case of town and if available): Email Id: (e) Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: State or Unio		· ————————————————————————————————————
2.House 3. Other placeAddress :HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: 9. Informant's Details: (a) Name: First Name Middle Name Last Name (b) Aadhaar No. (if available): Last Name (d) Mobile No: First Illument Middle Name Last Name (e) Email Id: Address :HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: Name	ad	Idress of the "House" or 'Other place" where the birth took place):
Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: 9. Informant's Details: (a) Name: First Name Middle Name Last Name Aadhaar No. (if available): Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: DECLARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and DeathsAct, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar authentication. (After completing all columns 1 to 23, informant will put date and signature) Date: Delimiter of the informant To be filled by the Registrar Registration No.: Registration Date: Registration Date: Registration Date: Sub-District: District:		·
Town or Village: Sub-district: District: State or Union Territory: PIN Code:		
9. Informant's Details: (a) Name: First Name Middle Name Last Name (b) Aadhaar No. (if available):		
(a) Name: First Name Middle Name Last Name (b) Aadhaar No. (if available):		
(c) Aadhaar No. (if available): (d) Mobile No: Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: Sub-district: District:	(a)	
(d) Email Id: Address: HouseNo: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and DeathsAct, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (authentication. (After completing all columns 1 to 23, informant will put date and signature) Date: D D - M M - Y Y Y Signature or left thumb mark of the informant Registration Date: Registration Date: Registration Date: Completing all columns 1 to 23 to be filled by the Registrar	Δ:	adhaar No. (if available):
(e) Address: HouseNo:	I NA	obile No:
Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:	En En	
DECLARATION: ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and DeathsAct, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. (After completing all columns 1 to 23, informant will put date and signature) Date: ☐ ☐ ☐ ☐ ☐ ☐ M M - Y Y Y Y Y Signature or left thumb mark of the informant Registration No.: Registration Date: Registration Date: To be filled by the Registrar Registration Unit: Town / Village: Sub-District: District:		
DECLARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and DeathsAct, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. (After completing all columns 1 to 23, informant will put date and signature) Date: Date: Date: To be filled by the Registrar Registration No.: Registration Date: Registration Date: Town / Village: Sub-District: District:		
I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and DeathsAct, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. (After completing all columns 1 to 23, informant will put date and signature) Date: DDD - MM - YYYY Signature or left thumb mark of the informant To be filled by the Registrar Registration No.: Registration Date: Registration Date: DD - MM - YYYYY Y Y Registration Unit: Town / Village: Sub-District: District:	St	ate or Union Territory: PIN Code:
Registration of Births and DeathsAct, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. (After completing all columns 1 to 23, informant will put date and signature) Date: DDD - MM - YYYY Signature or left thumb mark of the informant To be filled by the Registrar Registration No.: Registration Date: Registration Date: DDD - MM - YYYYY Y Registration Unit: Town / Village: Sub-District: District:		
authentication. (After completing all columns 1 to 23, informant will put date and signature) Date: DD - MM - YYYY Signature or left thumb mark of the informant To be filled by the Registrar Registration No.: Registration Date: Registration Unit: Town / Village: Sub-District: District:		
(After completing all columns 1 to 23, informant will put date and signature) Date: DD D - MM - Y Y Y Y Signature or left thumb mark of the informant To be filled by the Registrar Registration No.: Registration Date: DD - MM - Y Y Y Y Y Registration Unit: Town / Village: Sub-District: District:		
Date: D D - M M - Y Y Y Y Signature or left thumb mark of the informant To be filled by the Registrar Registration No.: Registration Date: D D - M M - Y Y Y Y Y Registration Unit: Town / Village: Sub-District: District:	(After comp	leting all columns 1 to 23,
Registration No. : Registration Date: Registration Unit: Town / Village: Sub-District: District:		
Registration No. : Registration Date: Registration Unit: Town / Village: Sub-District: District:	<u> </u>	
Registration No. : Registration Date: Registration Unit: Town / Village: Sub-District: District:		To be filled by the Registrar
Registration Date: Registration Unit: Town / Village: Sub-District: District:		. o wo mou wy the regional
Registration Unit: Town / Village: Sub-District: District:	Registration	No. :
Town / Village: Sub-District: District:		
Sub-District: District:	Ü	
Remarks (if any):	District:	
	Remarks (if	fany):
Name and Signature of the Registrar	Name and S	Signature of the Registrar

FORM NO. 8 (See rule 12)

DEATH REGISTER

Legal information

This part to be added to the Death Register

	To be filled by the informant
1.	Date of Death: DDD-MM-YYYY
2.	Deceased's Details:-
(a)	Name: First Name Middle Name Last Name
(b)	adhaar No. (if available):
(c)	Date of Birth (if available):
(d)	Age:
3.	Sex(Enter "Male" or "Female" or "Transgender person"):
4.	Mother's Details:-
(a)	Name: First Name Middle Name Last Name
(b)	adhaar No. (if available):
(c)	Mobile No:
(d)	Email Id:
5.	Father's Details:- Name: First Name Middle Name Last Name
(a) (b)	Aadhaar No. (if available):
(c)	Mobile No:
(d)	Email Id:
1 ' '	Spouse's (husband / wife) Details:-
6. (a)	Name: First Name Middle Name Last Name
(b)	Aadhaar No. (if available):
(c)	Date of Birth (if available): DDD- MM- YYYY
(d)	Age (in completed years):
(e)	Mobile No:
(f)	Email ld:
7.	Address of the deceased at the time of death:HouseNo: Locality: Ward number (in case of town and if available):
	Town or Village: Sub-district: District:
	State or Union Territory: PIN Code:
8.	Permanent address of the deceased: House No:
0.	Locality: Ward number (in case of town and if available):
	Town or Village: Sub-district: District:
	State or Union Territory: PIN Code:
9.	Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the
	address of the "House" or 'Other place" where the death took place) : 1.Hospital/ Institution Name :
	2.House 3. Other place Address :HouseNo:
	Locality: Ward number (in case of town and if available):
	Town or Village: Sub-district: District:
	State or Union Territory: PIN Code:
10.	Informant's Details:-
(a)	Name: First Name Middle Name Last Name
(b)	Aadhaar No.(if available): Mobile No:
(c)	MODILE NO:
(d)	Address: HouseNo.:
(e)	Locality: Ward number (in case of town and if available):
	Town or Village: Sub-district: District:
DECLA	State or Union Territory: PIN Code:
23 of the	he Registration of Births and DeathsAct, 1969 (amended in 2023) for submitting false information. Also, I give consent, under
	ar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of ar authentication.
1	he best of my knowledge and information, the detail of Aadhaar of the deceased is not available.
-	
	completing all columns 1 to 21, ant will put date and signature)
Date:	
left thu	imb mark of the informant
Registr	To be filled by the Registrar
	ation Date: DDD - MM - YYYYY
	ation Date: D D - M M - T T T T T T T T T
	Village: Sub-District: District:
	ks (if any):
	of death (As per Form 4 / 4A):
.	and Clarative of the Devictor
Name a	and Signature of the Registrar

FORM NO.9 (See rule 12)

(See rule 12) STILL BIRTH REGISTER

Legal information

This part to be added to the Still Birth Register

	To be filled by the informant
1.	Date of Birth:
2.	Sex(Enter "Male" or "Female" or "Transgender person"):
3. (a)	Father's Details:- Name: First Name Middle Name Last Name
(b)	Aadhaar No. (if available):
(c)	Mobile No:
(d)	Email Id:
4. (a)	Mother's Details:-
(b)	Name: First Name Middle Name Last Name
(c)	Aadhaar No. (if available):
(d)	Mobile No: Email Id:
5.	Place of birth(Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place): 1.Hospital/ Institution Name:
	2. House 3. Other place Address: House No. Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:
6.	Informant's Details:
(a) (b)	Name: First Name Middle Name Last Name
(c)	Aadhaar No. (if available):
(d)	Mobile No:
(u) (e)	Address :HouseNo:
` ′	Locality: Ward number (in case of town and if available):
	Town or Village: Sub-district: District:
DECLARATI	State or Union Territory: PIN Code:
☐ I have furn the Registrat under Aadha	ished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of ion of Births and DeathsAct, 1969 (amended in 2023) for submitting false information. Also, I give consent, ar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating ay of Aadhaar authentication.
	eting all columns 1 to 12,
Date: D	put date and signature) D - M M - Y Y Y Y Signature or
left thumb m	nark of the informant To be filled by the Registrar
	To be filled by the Neglatia
Registration I	
Registration I Registration	Unit:
Town / Villag	e:
Sub-District:	
District:	
Remarks (if	any):
Name and Si	gnature of the Registrar

FORM No.10

(See rule 13)

NON-AVAILABILITY CERTIFICATE

(Issued under Section 17 of the Registration of Births & Deaths Act, 1969 (amended in 2023))

This is to certify that a s Shri/Smt./Kum	in the registration real area)	son/wife/daughter of ecords for the year(s) of
(State) and son/da		
registered.		
Date: d d - m m - y y y y Signature of issuing	authority	
	Seal	
	PRM No. 11 ee rule 14)	
SUMMARY MONT	HLY REPORT OF BIRTHS	
1. Report for the Month of:	Year :	
2. District:		
3. Town/ Village:		
4. Registration Unit:		
 Number of Births Registered during the 	e month:	
Male Female		Tatal*
(1) remate	Transgender Person (3)	Total* (1+2+3)
6. Time Gap in Birth registration: (a) Within Time limit (21 days) of the (b) More than 21 days but within 30 days but within one (c) More than 30 days but within one (d) After one year of their occurrence Total* (a + b + c + d): * Total should be equal to the number attached with this monthly report	daysof their occurrence: e yearof their occurrence: e:	rt Forms (Form No.1)
attached with this monthly report. Date: dd - mm - y y y y	Siet De gietrer	Signature and Name of the Registrar

Submitted to the Chief Registrar/District Registrar

FORM No. 12 (See rule 14)

SUMMARY MONTHLY REPORT OF DEATHS

4	Danagettagettagettaget	V
1.	Report for the Month of :	Year

- 2. District:
- 3. Town/ Village:
- 4. Registration Unit:
- 5. Details of Deaths Registered during the Month:

Deaths (Including all Infant deaths Child Deaths& Maternal Deaths)		Infants Deaths (Age less than one year)			Child Deaths (Age one year or more but less than five years)				Matemal Deaths
Mal Femal Transgende	Tota Mal	Femal	Transgende	Tota	Mal	Femal	Transgende	Tota	
e e r Person	I* e	e	r Person	I	e	e	r Person	I	

- 6. Time Gap in Death registration:
- (a) Within Time limit (21 days) of their occurrence:
- (b) More than 21 days but within 30 daysof their occurrence:
- (c) More than 30 days but within one year of their occurrence:
- (d) After one year of their occurrence:

Total*
$$(a + b + c + d)$$
:

Note: Infant and Child Deaths & Maternal Deaths should also be included in the Deaths.

* Total should be equal to the number of statistical part of Death Report Forms (Form No.2) attached with this monthly report.

Signature and Name

Submitted to the Chief Registrar/District Registrar

FORM No. 13 (See rule 14)

SUMMARY MONTHLY REPORT OF STILL BIRTHS

1.	Report for the Month of:	Year :
2.	District:	
3.	Town/ Village:	

4. Registration Unit:

1.	Number of Still Births Registered during the month:	

Male	Female	Transgender Person (3)	Total*
(1)	(2)		(1+2+3)

- 2. Time Gap in Birth registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total* (a + b + c + d):

* Total should be equal to the number of statistical part of Still Birth Report Forms (Form No.1) attached with this monthly report.

Signature and Name of the Registrar

Date: d d - m m - y y y y

Submitted to the Chief Registrar/District Registrar

Form No. 14 (See rule 9)

Format of Self-attested document for <u>Delayed Reporting of BIRTH / DEATH</u> under Section 13(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023) <u>DECLARATION</u>

I,son/daughter/wife of,resident ofdo
hereby declare that:
1. I am the informant for the delayed reporting of Birth / Death of (name of child / deceased) son/daughter/spouse of;
2. He / she was born / died on(date of birth / death) at (place of
birth / death); 3. He / she was attended at birth /death by who resides
at; 4. The reason(s) for the delay in reporting of his / her birth /death are
5. His / her birth / death certificate is required for the purpose of
DECLARATION: \Box , declare that the above information is true and I have not reported the above event to any Registrar and no birth / death certificate has been issued in this respect, to the best of my knowledge and belief.
Name and Signature or thumb mark of the informant
Date D D - M M - Y Y Y Y

Notes:

- 1. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
- 2. Name, wherever it occurs, is to be provided in the format of (first name) (middle name) (last name) where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either (first name) or (last name).
- 3. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.

Form No. 15 (See rule 16 A)

FORM FOR APPEAL

(To be submitted to District Registrar / Chief Registrar) (under Section 25(A) of the Registration of Births and Deaths Act, 1969 (amended in 2023))

1. Aggrieved by an action or order of: Registrar / District Registrar or any officer authorized to act as Registrar / District Registrar(details of office to be provided as below)

State	District	Sub-	Village/Town	Locality	RU	Name of
		District		_	ID	Registrar / Distt. Registrar or
						any officer authorized to act
						as Registrar / District
						Registrar

		District		טו	Registrar / Distt. Registrar or any officer authorized to act as Registrar / District Registrar				
		vent Leading to appe ailed account of the oc							
DECL	ARATION :								
□lha	ve furnished	d true information to th	e best of my knowle	edge and	d belief.				
					(Signature of the appellant)				
Appe	llant detail:	s:	Date		D D - M M - Y Y Y Y				
	Name Address		Aadhaar no.	E	Email Id Mobile No.				
lotes :									
1.		a copy of this form for your own							
2.		must be submitted to District Re with which the person is being	-	in a period c	of 30 days from the date of such action or recei				
3.	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries								
4.	Name, wherever it occurs, is to be provided in the format of (first name) (middle name) (last name) where full name (not abbreviation to be written in capital letters and first name is mandatory. There should be minimum two characters in either (first name) or (middle name) or (last name).								
5.	5. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, (in case of town and if available), Locality, House number and PIN Code".								
			By order of the Govern	or					
					Ankur Garg, IAS				

Commissioner (Economics and Statistics), Government of Arunachal Pradesh, ltanagar.