

Government of Jammu & Kashmir Planning, Development & Monitoring Department

Civil Secretariat, J&K, Jammu

Notification,

Jammu, the Zolh of Feb., 2025

- **S.O.** 46 In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (18 of 1969), the Government of Jammu and Kashmir with the approval of the Central Government, hereby make the following amendments in the Jammu and Kashmir Registration of Births and Deaths Rules, 2022 notified vide S.O 494 of 2022 dated: 10th of October, 2022, namely: -
 - 1. In rule 5, after sub-rule (3), the following sub-rules (4), (5) and (6) shall be added; namely: -
 - "(4) Name, wherever it occurs, in Forms referred to in these rules, 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 these rules, 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 these rules, 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."

2. In rule 7: -

- 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.

3. In rule 8: -

 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) **sub-rule (2)** shall be substituted by the following, 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, "births and deaths referred to in clauses (b) to (e)", the words, "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.

4. In rule 9:-

- (a) in sub-rule (1), for the words "rupee two", the words "twenty rupees" shall be substituted;
- (b) for sub-rules (2) and (3), shall be substituted by the following, 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 fifty 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 authorized 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 one hundred rupees.".
- 5. In rule 12, after the words and figure "Forms No. 1", the figure and letter ",1A" shall be inserted.

6. In rule 13:-

(a) in sub-rule (1), -

- (i) for the words "an extract", the words "a certificate of birth or death" shall be substituted;
- 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 figures **"2.00"**, **wherever it occurs**, the figures **"20.00"** shall be substituted respectively;

(iv) in clause (c), -

- for the word "extract", the word "certificate" shall be substituted;
- (ii) for the figures "5.00", the figures "50.00" 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.
- 7. In rule 16, sub-rule (2), shall be substituted by the following, 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."
- 8. After rule 16, the following rule shall be inserted, namely: -

"16A. Appeal.— An appeal under sub-section (1) of section 25A shall be preferred in Form No. 15.".

9. In rule 17, -

- (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 of the Act 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.
- **10.** In the principal rules, for the Forms 1, 1A, 2, 3, 4, 4A, 5, 6, 7, 8, 9, 10, 11, 12 and 13, the following Forms shall be substituted, namely: -
 - Form 1 Birth Report
 - Form 1-A Birth Report for Adopted Child
 - Form 2 Death Report
 - Form 3 Still Birth Report
 - Form 4 Medical Certificate of Cause of Death (For Hospital In-patients)
 - Form 4A Medical Certificate of Cause of Death (For Non-institutional deaths)
 - Form 5 Birth Certificate
 - Form 6 Death Certificate
 - Form 7 Birth Register (Legal Information)
 - Form 8 Death Register (Legal Information)
 - Form 9 Still Birth Register (Legal Information)
 - Form 10 Non-Availability Certificate
 - Form 11 Summary Monthly Report of Births
 - Form 12 Summary Monthly Report of Deaths
 - Form 13 Summary Monthly Report of Still Births
 - Form 14 Format of Self-attested document for Delayed Reporting of Birth/ Death
 - Form 15 Form for Appeal (To be submitted to District Registrar/Chief Registrar)

By order of the Lieutenant Governor.

Ty.

(Talat Parvez Rohella), IAS

.02.2025

Secretary to Government, Planning, Dev. & Monitoring Department

Dated:

No: PDMD/

Copy to the: -

- 1. All Financial Commissioners (Additional Chief Secretaries).
- 2. Director General of Police, J&K.
- 3. Registrar General of India, Ministry of Home Affairs, Gol, New Delhi
- 4. All Principal Secretaries to the Government.
- 5. Principal Secretary to the Lieutenant Governor.
- 6. Principal Resident Commissioner, J&K Government, New Delhi.
- 7. All Commissioners/Secretaries to the Government.
- 8. Chief Electoral Officer, J&K.
- 9. Joint Secretary (J&K), Ministry of Home Affairs, Government of India.
- 10. Divisional Commissioner, Kashmir/Jammu.

- 11. Chairman, J&K Special Tribunal.
- 12. Director General, Economics and Statistics (Chief Registrar, Births and Deaths), J&K.
- 13. Director Census Operations J&K.
- 14. All Principal Medical Colleges.
- 15. All Heads of Departments/Managing Directors.
- 16. All Deputy Commissioners.
- 17. Secretary, J&K Public Service Commission/ BOPEE.
- 18. Commissioner, Municipal Corporation Srinagar/Jammu.
- 19. Director, Archives, Archaeology and Museums, J&K.
- 20. Secretary, J&K Service Selection Board/ All Advisory Boards.
- 21. Director, Estates, Jammu/ Kashmir.
- 22. General Manager, Government Press, Jammu/Srinagar.
- 23. Regional Director (Evaluation and Statistics) Jammu/ Kashmir.
- 24. Director (Central), Directorate of Economics and Statistics, J&K.
- 25. Chief Executive Officer, Cantonment Board, Srinagar/Jammu.
- 26. Private Secretary to Lieutenant Governor.
- 27. Private Secretary to Advisor (B) to Lieutenant Governor.
- 28. Private Secretary to the Chief Secretary.
- 29. Private Secretary to Secretary to the Government, GAD.
- 30. Deputy Director (HQ), Directorate of Health Services Jammu/Kashmir.
- 31. All Chief Medical Officers.
- 32. All District Statistical & Evaluation Officers.
- 33. In-charge Website, GAD/PD&MD.
- 34. Government Order file/Stock file.

FORM NO.1 (See rule 5) BIRTH REPORT

	BIRTH REPORT			Statistical information
	Legal information			[SEE REVERSE FOR INSTRUCTIONS]
	[SEE REVERSE FOR INSTRUCTIONS]		This	part to be detached and sent for statistical processing
	This part to be added to the Birth Register		Into	To be filled by the informant
	To be filled by the informant		40	Town or Village of Residence of the mother (Plac
1.	Date of Birth:		10.	where the mother usually lives. This can be differe
2	Sex (Enter "Male" or "Female" or "Transgender person"):			from the place where the delivery occurred. To appropriate entry "Town" or "Village" and write it
3.	Child's Details (If not named, leave blank) :-			name):
(a) (b)	Name, if any: Aadhaar No. (if available):			Town or Village: Sub-district: District State or Union Territory: PIN Code:
4. (a)	Father's Details:- Name: To be a large Last three		11.	For Religion [Enter appropriate religion "Hindu" Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain"
(c)	Aadhaar No. (if available): Mobile No:	((a)	"Other (Please specify)"] Religion of Father.
(d)	Email kt.	((b)	Religion of Mother:
5. (a)	Mother's Details:-	ing	12	Father's level of education:
(b)	Name: Aadhaar No. (if available):	ess	13.	Mother's level of education:
(c)	Mobile No:	broc		
(d)	Email Id:	cal	14.	Father's Occupation:
6.	Address of parents at the time of Birth of the Child: House No:	atisti	15.	Mother's Occupation:
	Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:	nt for sta	16.	Age of the mother (in completed years) at the tir of marriage (if married more than once, age at fi marriage is to be written):
7.	Permanent address of parents: House No:	Ser	17.	CONTROL COME. IN CONTROL COME AND ADDRESS
	Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District:	and	17.	of this birth :
	State or Union Territory. PIN Code:	ped	18.	Number of children born alive to the mother so t
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 took place):	To be detached and sent for statistical processing	19.	including this child (Number of children born alive include also those from earlier marriage(s), if any): Type of attention at delivery (Tick the appropria
	1. Hospital / Institution Name :	2	13.	entry below):
	House 3. Other place Address: House No: Locality: Ward number (in case of town and if available):			Institutional-Government
	Town or Village: Sub-district: District:			Institutional – Private or Non-Government Doctor, Nurse or Trained Midwife
9.	State or Union Territory. PIN Code: Informant's Details:			Traditional Birth Attendant Relatives or others
(a)	Name: Sections Significance Lighthane :		20.	Method of Delivery (Tick the appropriate entry below
(b)	Aadhaar No. (if a vailable):			Natural Caesarean
(c) (d)	Mobile No:			Forceps/Vacuum
(e)	Email kt: Address : House No:		21.	Birth Weight (in kgs.) (if available):
	Locality: Ward number (in case of town and if available):			
	Town or Village: Sub-district: District: State or Union Territory. PIN Code:		22	Duration of pregnancy (in weeks):
DEC	APATION-			
unde	ave furnished true information to the best of my knowledge and belief. I am aware of the penalties are furnished true information of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other information.			
Subs	sidies, benefits and Services) Act, 2016, for authenticating identity by way or Additional			(In the case of multiple births, fill in a separate form
auth	entication.			for each child and write 'Twin birth' or 'Triple birth etc., as the case may be, in the remarks column in
(Afte	r completing all columns 1 to 22, mant will put date and signature)			the box below left.)
	247 10 1000	(C	olumn	s to be filled are over. Now put signature at left)
De	left thumb mark of the informant			
	To be filled by the Registra			To be filled by the Regist
Pec	stration No. :		Dis	strict
	stration Date:			b-District
	stration Unit:			wn/Village :
	n/Village:			stration Unit :
	District			stration No. :
Dist			_	stration Date:
Ken	narks (if any):		Date	of Birth:

Name and Signature of the Registrar

Name and Signature of the Registrar

Sex: Male / Female / Transgender person Place of Birth: 1. Hospital/Institution 2. House 3. Other place

FORM NO.1

(See rule 5)
BIRTH REPORT



Instructions for completing the Form 1: BIRTH REPORT

Item No.				ructions	in data in hora dinita mana			
1	is month in two digits and yyyy is year in four digits. Wherever the date is written in we be written in full e.g 01-01-2023 shall be written as First January two thousand twenty only Arabic numerals' such as 0.1.2.3.4.5.6.7.8.9 for recording dates and other numer							
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.							
3,4,5,9	where full name (not abbreviation) to be written in capital letters and first name is main should be minimum two characters in either [first name] or [middle name] or [last named not named, leave blank. Birth can be registered without name of the child. However, name of child can be in the cape within 12 months of registration (Refer Rule 10 of State Rules).							
6,7,8,9	Address, wherever it occurs, shall contain the name of State or Union Territory, Distriction or Village, Ward number (in case of town and if available), Locality, House number (code.							
8	1. Hosp 2. Hous 3. Othe Give the nam	oital / Institution e r place e and address	of the "Hospital / In	stitution" or the address of th				
10	Town or Villa different from entered.	ige of residen the place w	ce of the mother: here the delivery o	Place where the mother use occurred. The house addre	sually lives. This can be ss is not required to be			
12,13	Level of Educ	ation - Write o	one 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 & above	la l			
	(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)							
14, 15	1. Culti 2. Agri 3. Daily 4. Sing 5. Emp 6. Gov 7. Prive	culture Labou	irer ner(Other than Agi irker/Self Employe					

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

3

FORM NO.1A (Legal information) (See rule 5)
BIRTH REPORT FOR ADOPTED CHILD
[SEE REVERSE FOR INSTRUCTIONS]

FORM NO.1A Statistical information (See rule 5)
BIRTH REPORT FOR ADOPTED CHILD
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for stansitical processing

To be filled by the informant	- 1		To be filled by the informant
Date of Birth :		14.	For Religion [Enter appropriate religion
Sex (Enter "Male" or "Female" or "Transgender person"):	1		"Hindu" or Muslim" or "Christian" or "Sikh" of
Child's details (if name is changed on adoption, write new name):-			"Buddhist" or "Jain" or "Other (Please specify)"
Name of the Child Street Land Missing Last Course		(a)	Religion of Adoptive Father:
Aadhaar No. (if available):		(4)	170
Mother's Details (If known):-		(b)	Religion of Adoptive Mother:
Name:			
Aadhaar No. (if available):		15.	Adoptive Father's level of education:
Mobile No:			100 E
Email Id: Father's Details(If known):-		16.	Adoptive Mother's level of education:
Name: Esperature Esperature Lastitanio			Advertise Enthance Commentum:
Aadhaar No. (if available):	ē	17.	Adoptive Father's Occupation:
Mobile No:	processing		A
Email ld:	900	18.	Adoptive Mother's Occupation:
Details of adoption deed / order:-	2		
Date: Number of Adoption deed / order:	statistical		
Number of Adoption deed / orden: Adoptive Mother's Details:-	atis		
Name: Figure Street Streetaine Lastiflation	18		
Aadhaar No. (if available):	ţ		
Mobile No:	sent		
Email ki:	s p		
Adoptive Father's Details:-	and		
Name: Estites Installante Lastillante	detached		1
Aadhaar No. (if available):	act		
Mobile No:	det		
Email kd:	28		
Address of adoptive parents as recorded in Adoption deed / order. House No:	10		
Locality: Ward number (in case of town and if available): Tourn or Village: Sub-district District	1		
Town of Village.	1		
Locality:			
Ward number (in case of town and if available):	1		
Town or Village: Sub-district: District			
State or Union Territory PIN Code:			
There are blook of the appropriate entry 1 or 2 or 3 below and give the name and address of the	10		
Institution" or the address of the "House" or "Citner place" where the pirth took place).	Ē		
1. Hospital / Institution Name :			
House 3. Other place Address: House No. Locality: Ward number (in case of town and if a vailable): Town or Village:			
Sub-district: District:	į		
State or Union Territory PIN Code:	İ		
If adoption through agency write the address of the Adoption agency: House No:			
Locality. Ward number (in case of town and if available):			
TOWN OF Village.	1		
Information Details:			
	1		21
The same last place			
Name: Zadros and Last Gares Aathaar No (if available):			
Name: Last Flace Adhaar No.(if available): Last Flace Mobile No.			
Name: Lacf Raise Adhaar No.(if available): Lacf Raise Mobile No: Fmail bt:			
Name: Aadhaar No.(if available): Mobile No: Email kl: Address: House No: Locality: Ward number (in case of town and if available):			
Name: Aadhaar No.(if available): Mobile No: Email k: Address: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District			
Name: Aadhaar No.(if available): Mobile No: Email ki: Address: House No: 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.			
Name: Aadhaar No.(if available): Mobile No: Email kt: Address: House No: 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.			
Name: Addhaar No.(if available): Mobile No: Email kl: Address: House No: Locality: Town or Village: State or Union Territory: "As contained in the original birth certificate. ECLARATION: have furnished true information to the best of my knowledge and belief. I am aware of the			
Name: Aadhaar No.(if available): Mobile No: Email ki: Address: House No: 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. ECLARATION: have furnished true information to the best of my knowledge and belief. I am aware of the enalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting and Deaths Act, 1969 (amended in 2023) for submitting consorting the property of Financial and Other Subsidies,			
Name: Aadhaar No.(if available): Mobile No: Email ki: Address: House No: 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. ECLARATION: have furnished true information to the best of my knowledge and belief. I am aware of the enalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting lise information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, neefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.			
Aadhaar No.(if available): Mobile No: Email ki: Address: House No: Locality: Address: House No: Locality: District State or Union Territory: "As contained in the original birth certificate. ECLLARATION: have furnished true information to the best of my knowledge and belief. I am aware of the enalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting lise information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, enefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. After completing all columns 1 to 16, formant will put date and signature)		lumos	i to be filled are over. Now put signature at left)
Name: Aadhaar No.(if available): Mobile No: Email ki: Address: House No:		lumns	to be filled are over. Now put signature at left)
Name: Aadhaar No.(if available): Mobile No: Email Id: Address: House No: Locality: Town or Village: State or Union Territory: "As contained in the original birth certificate. PIN Code: "As contained in the original birth certificate. Fect ARATION: have furnished true information to the best of my knowledge and belief. I am aware of the malties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting ise information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, enefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. Infer completing all columns 1 to 16, formant will put date and signature) Signature or left thumb mark of the informant		lumns	
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Name: Aadhaar No.(if available): Mobile No: Email ki: Address: House No: Town or Village: Sub-district: District State or Union Territory. 'As contained in the original birth certificate. **ECLARATION:** have furnished true information to the best of my knowledge and belief. I am aware of the natities under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting se information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, mefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. **Ter completing all columns 1 to 16.** **Informative information to the information to the best of my knowledge and belief. I am aware of the information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, mefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. **Territory** **To be filled by the Registrar* **To be filled by the Registrar* **Position Date:**	(Co	strict ub-Dis	To be filled by the Regi
Name: Adhaar No.(if available): Mobile No: Email kl: Address: House No: Locality: Ward number (in case of town and if available): District State or Union Territory: 'As contained in the original birth certificate. ECLARATION: The ave furnished true information to the best of my knowledge and belief. I am aware of the malties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting ise information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, mefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. Ifter completing all columns 1 to 16. formant will put date and signature) Date: Signature or Left thumb mark of the informant To be filled by the Registrar egistration No.: egistration Date: egistration Date:	(Co	istrict ub-Dis	To be filled by the Regi Name Code No.
Name: Adhaar No.(if available): Mobile No: Email ki: Address: House No: Locality: Town or Village: State or Union Territory: "As contained in the original birth certificate. ECLARATION: have furnished true information to the best of my knowledge and belief. I am aware of the inalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting se information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, inefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. Ifter completing all columns 1 to 18. formant will put date and signature) Signature or Left thumb mark of the informant To be filled by the Registrar egistration No.: egistration Date: egistration Date: egistration Unit: own / Village: Sub-District:	(Co	strict ub-Dis own/V gistrat	To be filled by the Reg Name Code No. trict illage:
Name: Aadhaar No.(if available): Mobile No: Email kl: Address: House No: Locality: Town or Village: State or Union Territory: 'As contained in the original birth certificate. PIN Code: CLARATION: have furnished true information to the best of my knowledge and belief. I am aware of the nalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting se information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, nefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. Iter completing all columns 11 of 18, formant will put date and signature) Date: Signature or Left thumb mark of the informant To be filled by the Registrar sigistration Date: gistration Date: gistration Unit: bown / Village: Sub-District: Strict:	(Co	strict ub-Dis own/V gistrat	To be filled by the Regi
Name: Aadhaar No.(if available): Mobile No:	(Co	istrict ub-Dis own/V gistrat gistrati	To be filled by the Registrict Illiage: Ion Unit: Ion Date:
Name: Aadhaar No.(if available): Mobile No: Email kl: Address: House No: Locality: Address: House No: Town or Village: State or Union Territory: "As contained in the original birth cerdificate. ECL ARATION: have furnished true information to the best of my knowledge and belief. I am aware of the enalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting ise information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, enefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. Inter completing all columns 1 to 18, formant will put date and signature) Date: Signature or Left thumb mark of the informant To be filled by the Registrar egistration Date: egistration Date:	Dal Sen	istrict ub-Dis own/V gistrati ite of E	To be filled by the Registration No.: Incompare: Registration No.:
Name: Aadhaar No.(if available): Mobile No:	(Co Di SS Ti Reg Reg Dail See	istrict ub-Dis own/V gistrati ite of E	To be filled by the Registrict Illage: On Unit: Registration No.: Ion Date: Market Ma
Name: Aadhaar No.(if available): Mobile No: Email kl: Address: House No: District State or Union Territory. Yas contained in the original birth certificate. ECLARATION: have furnished true information to the best of my knowledge and belief. I am aware of the enablies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting itse information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, enefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. Inter completing all columns 1 to 18, formant will put date and signature) Date: Signature or Left thumb mark of the informant To be filled by the Registrar egistration No.: egistration Date: egistration Unit: own / Village: Sub-District: istrict:	(Co Di SS Ti Reg Reg Dail See	istrict ub-Dis own/V gistrati gistrati te of E c: Ma ce of I	To be filled by the Registrict Illage: On Unit: Registration No.: Ion Date: Market Ma

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

Item No.				ructions				
1, 6	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, rnm 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 Person". Do not use abbreviation.							
3,4,5,7,8,13	Name, wherever it occurs, is to be provided in the format of [first name] [middle nam name] where full name (not abbreviation) to be written in capital letters and first namedatory. There should be minimum two characters in either [first name] or [middle or [last name].							
9,10,11,12,13	district, Tow number and	n or Village, \ PIN Code.	Ward number (in o	name of State or Union T case of town and if availa	erritory, District, Sub- able), Locality, House			
15,16	Level of Education – Write one 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 & above				
	(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)							
17,18	1. Cult 2. Agri 3. Dail 4. Sing 5. Emp 6. Gov 7. Priv 8. Don	culture Labor y Wages Ear le/Family Wo loyer ernment Em	urer ner(Other than A orker/Self Employ ployee e(Other than Don					

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.



5212361/2024/O.o Clerical Hall PDMD

FORM NO 2 (See rule 5)
DEATH REPORT
Legal information

FORM NO.2 (See rule 5) DEATH REPORT Statistical information FREVERSE FOR INSTRUCTIONS

Name and Signature of the Registrar

[SEE REVERSE FOR INSTRUCTIONS] (SEE REVERSE FOR INSTRUCTIONS) This part to be added to the Death Registe To be filled by the informan To be filled by the informant Town or village of Residence of the deceased (Place where the deceased usually lived. This can be different from the place where the death occurred. Tick appropriate entry "Town" or "Village" and write its name):

Town or Village: Sub-district: Date of Death 1. Deceased's Details:-(a) Name Town or Village: District Aadhaar No. (if a vailable): (b) State or Union Territory Date of Birth (if available) : Age: PIN Code: (d) Sex (Enter "Male" or "Female" or "Transgender person"): Religion (Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other 3. 12 Mother's Details:-4. (a) (Please specify)"): Name Aadhaar No. (if available): Occupation of the deceased: (b) 13 (c) Mobile No: Type of Medical Attention received before death (Tick (d) Email ld: appropriate entry below): detached and sent for statistical processing Father's Details: Institutional (a) Name: Medical attention other than Institution (b) Aadhaar No. (if available): No Medical attention (c) Was the cause of death medically certified? (Tick the Mobile No: 15. appropriate entry below): 1.Yes 2. No (d) Email kt Spouse's (husband / wife) Details: 6. (a) (b) Name of Disease or Actual Cause of Death (For all deaths irrespective of whether medically certified or not): 16. Aadhaar No.(if a vailable): (c) Date of Birth (if available): In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy (Tick the appropriate (d) Age (in completed years) Mobile No: (e) Email ld: (1) entry below): House No 2 No Address of the deceased at the time of death: 7. Ward number (in case of town and if available): Locality: Town or Village: If used to habitually smoke -18. Sub-district: for how many years? PIN Code: 8 State or Union Territory. If used to habitually chew tobacco in any form – for how many years? 0 19. Permanent address of the deceased: House No: 8. Ward number (in case of town and if available): Locality Town or Village: Sub-district: if used to habitually chew arecanut in any form 20 PIN Code: State or Union Territory. (including pan masala) -for how many years? 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 9. took place): 1. Hospital / Institution If used to habitually drink alcohol -21. for how many years? Address: House No: 3. Other place 2. House Ward number (in case of town and if available): District Town or Village: Sub-district: State or Union Territory. PIN Code: Informant's Details:-Name: (a) Aadhaar No.(if available) (b) Mobile No: (c) (d) Email ld: Address : House No.: (0) Ward number (in case of town and if available): Town or Village: District: Sub-district: PIN Code: State or Union Territory: DECLARATION: 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 Deaths Act, 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 To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available. (After completing all columns 1 to 21, informant will put date and signature) Date: Signeture or left thumb mark of the informant (Columns to be filled are over. Now put signature at left) To be filled by the Registrar To be filled by the Registra Registration No. Registration Date: Sub-District Registration Unit: Town/Village Town / Village: Registration Unit Sub-District Registration No. : District: Registration Date: D D + M M -Remarks (if any): Date of Death : Sex: Male / Female / Transgender persor Cause of Death (as per Form 4 / 4A): Age of deceased: Place of death: 1. Hospital/Institution 2. House 3. Other place

Dy .

Name and Signature of this e Registrar

Instructions for completing the Form 2: DEATH REPORT

Item No.	Instructions
1	Date, wherever it occurs, is to be provided in dd-mrn-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 "Fernale" 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.



FORM NO.3 (See rule 5) STILL BIRTH REPORT Legal information [SEE REVERSE FOR INSTRUCTIONS] This part to be added to the Still Birth Register

FORM NO.3
(See rule 5)
STILL 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 informatic
1. Date of Birth :	7. Town or village of Residence of the mother (Place where the mother usually lives. This can be different from
2. Sex (Enter "Male" or "Female" or "Transgender person"):	the place where the delivery occurred. Tick appropriate
3. Father's Details:-	entry "Town" or "Village" and write its name): Town or Village: Sub-district:
(a)	District: State or Union Territory:
(b) Name: Festilane Middelane Lasthanie	PIN Code:
(c) Aadhaar No. (if available):	
(d) Mobile No: Email ki:	Age of the mother (In completed years) at the time of this birth :
(a) Mother's Details:-	
(b) Name: Fast Lare North Face Continue	9. Mother's level of education:
(c) Aadhaar No.(f available):	
(d) Mobile No: Email kt:	10. Type of attention at delivery (Tick the appropriate entry below):
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	10. lyps of attention at delivery (1 kk the appropriate city) below): 1. Institutional-Government 2. Institutional - Private or Non-Government 3. Doctor, Nurse or Trained Midwile 4. Traditional Birth Attendant 5. Relatives or others 11. Duration of pregnancy (in weeks): 12. Cause of foetal death (if known):
Town or Village: Sub-district: District: State or Union Territory: PIN Code: 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 Deaths Act, 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 12, informant will put date and signature)	(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)
Date: 0 0 M M S Signature or	(Columns to be filled are over. Now put signature at left)
left thumb mark of the informant	
To be filled by the Registrar	To be filled by the Registrar
	Name Code No.
Registration No. :	District
Registration Date:	Sub-District
Registration Unit:	Town/Village:
Town/Village:	
Sub-District	Registration Unit :
District:	Registration No. :
Remarks (if any):	Registration Date:
	Date of Birth:
	Sex: Male / Fernale / Transgender person
	Place of Birth: 1. Hospital/Institution 2. House 3. Other place
	Trace of Differ. 1. Frospital institution 2. Frodo 5. Series press
Name and Signature of the Registrar	Name and Signature of the Registrar

Instructions for completing the Form 3: STILL BIRTH REPORT

Item No.					ructions			
1	is month in to be written in only 'Arabic n	wo digits and y full e.g 01-01- umerals' such	/yyy is -2023 s as 0,1,	year in four on the shall be written 2,3,4,5,6,7,8,	digits Wherever t en as First Janua 9 for recording da	he date is ry two tho ates and of	d is date in two digits, mr written in words it shoul busand twenty three. Use ther numerical entries.	
2	Enter "Male"	or "Female" or	"Trans	gender Perso	n". Do not use ab	breviation.		
3,4,6	where full na	me (not abbre	viation)	to be written	the format of [fir in capital letters it name] or [midd	and first r	middle name] [last name name is mandatory. Ther or [last name].	
5,6	Town or Villa Code.	ge, Ward num	s, shall contain the name of State or Union Territory, District, Sub-distriber (in case of town and if available), Locality, House number and P					
5	1. Hosp 2. Hous 3. Othe Give the nam place" where	er place ne and address the birth took	on of the place.	"Hospital / In			he "House" or 'Other	
7	Town or Villa different from entered.	age of resider n the place w	nce of there th	ne delivery o	Place where the occurred. The ho	mother u use addre	sually lives. This can bess is not required to be	
9	Level of Educ	cation - Write						
	1.Pre- Primary	6.Class 5	11.Class 10		16. Bache Undergraduate	lor /	21. Literate without formal education	
	2.Class 1	7.Class 6	12.C	lass 11	17. PG Diploma		22. Illiterate	
	3.Class 2	8.Class 7		lass 12	18. Master graduate	/ Post		
	4.Class 3	9.Class 8	14.IT	1	19. M.Phil			
	5.Class 4	10.Class 9	Certif	ploma / ficate	20. Doctorate &			
12.	(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI) Cause of foetal death Write one of following							
12.	Bleeding (Hamorrhage) 2. Problems with Placental			7. Diabetes in the mother 8. Infection in the mother Coxsackie virus		13. Infection in the mother Parvovirus B19 14. Infection in the mother Q fever		
	3. Problem	with umbilical o	cord	9. Infection Herpes sim	in the mother plex	15. Infection in the mother Rubella (German measles)		
	4. Pre-eclar	npsia			n in the mother		ction in the mother Flu	
	5. Genetic p	hysical defect	in	11. Infection Lyme disea	n in the mother se	Toxopla		
		order in the mo	ther	12. Infection Malaria	n in the mother	18. Not	stated	

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

D 0 44 3		atAM./	P.M.		
NAME OF DECEASE	D:	Philipolelania (* 1.	+11a+ 8		For use of Statistical Office
Sex		Ag	ge at Death		
	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	
Male Female Transgender person					
CA	USE OF DEATH			Interval between onset and death approx.	
I Immediate cause State the diseas caused death, no failure, asthenia	se, injury or complice of the mode of dying set.	due to (or ation which	as a consequences of)		
Antecedent cause Morbid conditio	ne if any oising rise to	due to (or	r as a consequences of)		
cause, stating un	derlying conditions las	t			
cause, stating un	derlying conditions last enditions contributing disease or condition of	(c)to the death			
cause, stating un II Other significant co but not related to the	derlying conditions las	to the death			
cause, stating un Other significant cobut not related to the	derlying conditions last orditions contributing disease or condition or a suicide 4. Homici	to the death ausing it			· ·
Cause, stating un Other significant co but not related to the Natural 2. Accident Pending investigation	derlying conditions last and the seconditions contributing disease or condition of the secondition of the se	to the death susing it How di			
Cause, stating un Other significant co but not related to the anner of Death Natural 2. Accident Pending investigation	derlying conditions last and the seconditions contributing disease or condition of the secondition of the se	to the death susing it How di	d the injury occur?	nd signature of the Medical At	tendant certifying the cause of

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 feman; (c) Fall from ladder at home.

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

Old age or sentity: Old age (or sentity) 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. Diseasery – 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.

3

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 Burths and Deaths Act, 1969 (amended in 2023) to give information concerning the death to Registrar along with Form No. 2 (Death Report)

NAME OF DECEAS	ED:	Pridds and	ge 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	angunia a manan Manananan and a mananan anan an an	A STANDARD			
	AUSE OF DEATH	(c)		Interval between onset and death approx.	
Immediate cause State the disecaused death, a failure, asthenic	ase, injury or complic not the mode of dying s a, etc.	due to (o ation which uch as heart	r as a consequences of)		
Morbid conditi cause, stating u	ons, if any, giving rise to inderlying conditions las	due to (o the above	ras a consequences of)		6
II Other significant of but not related to th	conditions contributing e disease or condition c	to the death			
If deceased was a f If yes, was there a o	emale, was pregnancy the lelivery? 1. Yes 2. No			gnature of the Medical Practitic	mer certifying the cause of dea
			Date of verifi		- M M - Y Y Y

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased. To be provided in the following format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first using its mandstory. There should be minimum two characters in either [first name] or [niddle 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 sampler 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"

Accidented 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 pneumonis; (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 Neighasin—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. Traumis — Describe the antecedent injury, if known. Operation — State the condition for which the operation was performed. Disease by whether bacillary, smoothe, etc., if known. Complications of pregnancy or delivery — Describe the complication specifically. The exculosis — Cave organs affected.

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

In accordance with the provisions of section 10(3) 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 the Act to give information concerning the death.

3



प्रपत्र- 5

सं.No.		Form-5
State Govt. Emblem	GOVERNMENT OF	5

जन्म प्रमाण-पत्र BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 (2023 में सं	शोधित) की धारा 12 / 17 तथा(राज्य का
नाम) जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन) नियम	(संशोधित नियम को अधिसूचित किए जाने का
वर्ष)के नियम ८ / 13 के अंतर्गत जारी किया गया)	
(Issued under Section 12 / 17 of the Registration of Bi	
2023) and Rule 8 / 13 of the (Name of State)	
(Amendment) Rules (Year of notifying the revised ru	ules).
यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म वे	ह मन नेस्त से नी गई है जो कि (स्थानींग क्षेत्र)
उप-जिला	
जिलाराज्य	के रजिस्टर में उल्लिखित है।
This is to certify that the following information has been to	aken from the original record of birth which is
the register for (local area/local body)	of Sub-district
of District of Sta	te/Union territory
नाम/Name:	ANY ANY CONTROL OF THE PROPERTY OF THE PROPERT
लिंग/Sex	
जन्म तिथि/Date of Birth	
जन्म स्थान/Place of birth	
माता का नाम/Name of Mother	protection countries required to trans-
	x x x x x x
पिता का नाम/Name of Father	
पिता का आधार न॰ /Aadhaar No. of Father: XXX	x x x x x x
बच्चे के जन्म के समय माता पिता का पता।	माता पिता का स्थायी पता।
Address of parents at the time of birth of the child :	Permanent address of parents:
पंजीकरण संख्या/Registration No : पंजीकरण र्	देनॉंक/Date of Registration
टिप्पणी/Remarks (if any)	
जारी करने की तिथि/Date of issue:	

प्राधिकारी के हस्ताक्षर/Signature of the issuing authority प्राधिकारी का पता/ Address of the issuing authority मोहर/Seal

प्रत्येक जन्म एवम् मृत्यु का पंजीकरण सुनिश्चित करें/ Ensure registration of every birth and death



प्रपत्र- 6 Form-6

सं.No.

..... सरकार GOVERNMENT OF

State Govt. Emblem

...विभाग/..(प्रमाणपत्र जारी करने वाले स्थानीयनिकाय का नाम)... DEPARTMENT OF................./. (Name of local body issuing certificate).



मृत्यु प्रमाण पत्र
DEATH CERTIFICATE
(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 (2023 में संशोधित) की धारा 12 / 17 तथा (राज्य का
नाम)जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन) नियम, (संशोधित नियम को अधिसूचित किए जाने का
वर्ष)के नियम 8 / 13 के अंतर्गत जारी किया गया)
(Issued under Section 12 / 17 of the Registration of Births and Deaths Act, 1969 (amended in
2023) and Rule 8 / 13 of the (Name of State)
(Amendment) Naico (Teal of lothying the revised Follow).
यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मृत्यु के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र)
<u>उ</u> प-जिला
जिला के रजिस्टर में उल्लिखित है ।
This is to certify that the following information has been taken from the original record of death which
is the register for (local area/local body) of Sub-district of District of State/Union territory
리म/Name:
मृतक का आधार ने Aadhaar No. of deceased
लिंग/Sex
मृत्यु की तिथि/Date of Death
मृत्यु का स्थान/Place of Death
माता का नाम/Name of Mother.
पिता का नाम/Name of Father
पिता का आधार न。/Aadhaar No. of Father:
पति/पत्नी का नाम / Name of Husband / Wife
पति/पत्नी का आधार न。/Aadhaar No. of Husband / Wife: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
मृतक का मृत्यु के समय का पता/ मृतक का स्थायी पता/
Address of the deceased at the time of death: Permanent address of the deceased:
पंजीकरण संख्या/Registration No :पंजीकरण दिनांक/Date of Registration
टिप्पणी/Remarks (if any)
जारी करने की तिथि/Date of issue:
प्राधिकारी के हस्ताक्षर/Signature of the issuing authority
प्राधिकारी का पता/ Address of the issuing authority
मोहर/Seal

प्रत्येक जन्म एवम् मृत्यु का पंजीकरण सुनिश्चित करें/ 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

To be filled by the informant Date of Birth: Sex (Enter "Male" or "Female" or "Transgender person"):	
Sex (Enter "Male" or "Female" or "Transgender person"):	
Child's Details (If not named, leave blank):-	
Aadhaar No. (if available):	
Father's Details:-	
Aadhaar No. (if available):	
Mobile No:	
Email Id:	
Mother's Details:-	
Email kd:	
Address of parents at the time of Birth of the Child: House No.	
Locality: Ward number (in case of town and if available):	
Town or Village: Sub-district: District:	
State or Union Territory: PIN Code:	
Permanent address of parents: House No:	
7.50	
State of Grieff Farmer).	
"Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place):	
1. Hospital / Institution Name :	
House 3. Other place Address: House No:	
State or Union Territory: PIN Code:	
Informant's Details:	
Name:	
Aadhaar No. (if available):	
Mobile No:	
Locality: Ward number (in case of town and if available):	
Town or Village: Sub-district: District:	
State or Union Territory: PIN Code:	
RATION:	
furnished true information to the best of my knowledge and belief. I am aware of the penalties	
formation Also I give consent under Aadhaar (Targeted Delivery of Financial and Other	
es, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar	
nt will put date and signature)	
Signature or	
ien thumb mark of the informatic	
To be filled by the Registrar	
/illage:	
trict	
s (if any):	
<u> </u>	
	Name; Aadhaar No. (if available): Father's Details:- Name: Aadhaar No. (if available): Mobile No: Email M: Mother's Details:- Name: Aadhaar No. (if available): Mobile No: Email M: Address of parents at the time of Birth of the Child: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-distinct: District: State or Union Territory: Pln Code: Town or Village: Sub-distinct: District: State or Union Territory: Pln Code: Thouse of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and 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-distinct: District: District: State or Union Territory: Pln Code: District:

FORM NO.8 (See rule 12) DEATH REGISTER Legal information art to be added to the Death

	1ms part to be daded to the Delan Register	
	To be filled by the informant	
1.	Date of Death	
2.	Deceased's Details:-	
(a)	Name:	
(b)	Aadhaar No. (if available):	
	Date of Birth (if available):	
(c) (d)	Age:	
i.	Sex (Enter "Male" or "Female" or "Transgender person"):	
	Mother's Details:-	
(a)	Name:	
(a)	Aadhaar No. (if available):	
(b)	Mobile No:	
(c)	Email ld:	
(d)	MANAGEMENT AND CONTROL OF THE CONTRO	
	Father's Details:- Name.	
(a)		
(b)	Aadhaar No. (if available):	
(c)	Mobile No:	
d)	Email ld:	
	Spouse's (husband / wife) Details:-	
(a)	Name:	
(b)	Aadhaar No. (if a vailable):	
(c)	Date of Birth (if available):	
(d)	Age (in completed years): Mobile No:	
(e)	Mobile No.	
f)		
	Address of the deceased at the time of death: House No: Locality: Ward number (in case of town and if available):	
	Town or Village: Sub-district: District:	
	State or Union Territory: PIN Code:	
	Permanent address of the deceased: House No: Locality: Ward number (in case of town and if available):	
	Locality: Ward number (In case of town and if available): Town or Village: Sub-district: District	
	State or Union Territory: PIN Code:	
	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):	
	Hospital / Institution Name :	
	House 3. Other place Address: House No: Ward number (in case of town and if available):	
	Town or Village: Sub-district: District	
	State or Union Territory: PIN Code:	
0.	Informant's Details:-	
a)	Name:	
(b)	Aadhaar No.(if available):	
(c)	Mobile No:	
(d)	Email kd:	
(e)	Address: House No.:	
000	Locality: Ward number (in case of town and if available):	
	Town or Village: Sub-district District	
FOL	State or Union Territory: PIN Code:	
	ARATION: A 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	
0231	for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of	
inanc	ial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of	
	ar authentication.	
100	he best of my knowledge and information, the detail of Aadhaar of the deceased is not available.	
After	completing all columns 1 to 21,	
nforma	ant will put date and signature)	
Date:	Signature or left thumb mark of the informant	
	iett triump mark of the informant	
	To be filled by the Registrar	
Registi	ration No. :	
Registr	ration Date:	
	ration Unit:	
own /	Village: Sub-District: District:	
Remar	ks (if any):	
Cause	of death (As per Form 4 / 4A):	
au ac	Name and Signature of the Registrar	

The state of the s

FORM NO.9 (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.	Father's Details:-
(a)	Name:
(b)	Aadhaar No. (if available):
(c)	
(d)	Mobile No: Email Id:
4.	Mother's Details:-
(a)	
(b)	Name:
(c).	Aadhaar No. (if al/ailable):
(d)	Mobile No: Email ld:
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:
	House 3. Other place Address: House No. Locality:
	Ward number (in case of town and if available): Town or Village: Sub-district: District
	Sub-district: District: State or Union Territory: PIN Code:
	Clark of Children Community.
6.	Informant's Details:
(a)	Name:
(b)	Aadhaar No. (if available):
(c)	Mobile No:
(d)	Email kd:
(e)	Address: House No:
	Locality: Ward number (in case of town and if available):
	Town or Village: Sub-district: District:
DECLAR	State or Union Territory: PIN Code:
the Regis under Aad identity by (After con	furnished true information to the best of my knowledge and belief. I am 'awar's of the benatities under section 23 (tration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consen shaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating way of Aadhaar authentication. Impletting all columns 1 to 12, will put date and signature)
Date:	Signature or
	left thumb mark of the informant
	To be filled by the Registrar
Registrati	To be filled by the Registrar
Registrati	504000
Registrati	
Town / Vil	lage:
Sub-Distri	
District:	
	(if any)
Remarks	(if arry).
	Name and Cignature of the Desisters
	Name and Signature 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	а	search	has	been	made	on	the	request	of
Shri/S	mt./Kun	n	<i>.</i>								so	n/wife	/daughte	r of
													the year	
(Sub-L	District)								of (Distr	ict)				of
(State)					. a	nd found	that t	he eve	nt relatir	ng to	the b	irth/death	n of
					s	on/	daughter	of					. was n	ot
registe	ered.													
Date :]							
	L						1			Signatur	e of is	suing	authority	
										Seal				

FORM No. 11 (See rule 14)

SUMMARY MONTHLY REPORT OF BIRTHS

1.	Report for	the Month of:	Year:	
2.	District:			
3.	Town/ Villa	ge:		
4.	Registration	n Unit:		
5.	Number of	Births Registered d	uring the month:	
	Male (1)	Female (2)	Transgender Person (3)	Total* (1+2+3)
 * 	(a) Within 7 (b) More th (c) More th (d) After or Total* (a +	an 30 days but withing year of their occur b + c + d):	in 30 days of their occu <mark>rre</mark> in one year of their occurre	ence:
(Fo		hed with this monthi		Bitti Report Forms
Date	: [10-		. s	ignature and Name of the Registrar
Sul	omitted to the C	Chief Registrar/Distri	ict Registrar	

FORM No. 12 (See rule 14)

SUMMARY MONTHLY REPORT OF DEATHS

	1.	Report f	or the	Month	of:			Year _			
	2.	District:					*				
	3.	Town/ V	'illage:								
	4.	Registra	ition U	Init:							
	5.	Details of	of Dea	ths Reg	istered dur	ing the	e Mont	th:			
Deaths (Includ	ng all Infant o	deaths & Child	Infan	ts Deaths (Age less than one	e year)	Child		ge one year or mo	ore but	Maternal Deaths
Male Female	& Maternal D Transge Person		Male	Female	Transgender Person	Total	Male	Female	Transgender Person	Total	Deduis
	Deat *	(c) More (d) After Total* (a): Infant an ths.	e than one y a + b + d Chil	30 days year of the c + d): d Death	ns & Matern	one yence: al Dea	ear of	nould al			
	Date :		-						Signatu of		Name egistrar

2

FORM No. 13 (See rule 14)

SUMMARY MONTHLY REPORT OF STILL BIRTHS

1.	Report for t	ne Month of.	100	
2.	District:			*
3.	Town/ Villa	ge:		
4.	Registration	n Unit:		
4.	Number of Stil	l Births Registered o	during the month:	
	Male (1)	Female (2)	Transgender Person (3)	Total* (1+2+3)
5.	(a) Within (b) More the (c) More the	nan 21 days but with nan 30 days but with ne year of their occu	of their occurrence: iin 30 days of their occur iin one year of their occu rrence:	rence: rrence:
* Fo	Total shou orms (Form No.	ld be equal to the no	umber of statistical part of smonthly report.	of Still Birth Report
Date	e: [] []	n 1 - y y y x		Signature and Name of the Registrar
^		Chief Registrer/Dist	rict Pegistrar	

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>

Iresident of		son/daughter/v	vife	of
hereby declare that:			***************************************	do
1. I am the informant f				
2. He / she was born / died	d on()		at (
3. He / she was attendat		/		who resides
4. The reason(s) for	the delay in re	eporting of his	her birth	/death are
5. His / her birtl		cate is required	for the	purpose of
DECLARATION: I, declare that the above Registrar and no birth / knowledge and belief.				
				nd Signature or f the informant
		Date		

Notes:

- 1. Date, wherever it occurs, is to be provided in dd-nm-yvyy format, where dd is date in two digits, mm is month in two digits and yvyy 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 [middle name] or [last name].
- 3. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Subdistrict, 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))

State	District	Sub-	Village/Town	ce to be pro	RU	Name of
State	District	District	Villager i OWII	Locality	ID	Registrar / Distt. Registrar or
			in consequent of the consequence of the		0.00	any officer authorized to act
						as Registrar / District
						Registrar
			appeal with dathe occurrence,			
	ATION: furnished	true informa	ation to the be	st of my k	nowled	ge and belief.
						(Signature of the appellant)
	W. 200			Date		
ppellar Nam	nt details:	Address				
Ivan						
	16	Address	s Aad	lhaar no.	E	Email Id Mobile No.
	ie	Address	S Aac	ihaar no.	E	mail Id Mobile No.
'otes		Address	S Aad	lhaar no.	E	mail Id Mobile No.
		,				mail Id Mobile No.
1. I 2. 2	Please retai	n a copy of th	is form for you	r own recor	·ds.	
1. 1 2. 2 3	Please retai Appeal, if an 80 lays from th	n a copy of th	is form for you ibmitted to Dist	r own recor	rds. rar / Chi	ief Registrar within a period of
1. 1 2. 2 3 4	Please retai Appeal, if an 80 lays from th ggrieved.	n a copy of th ny, must be su ne date of suc	is form for your ibmitted to Dist h action or rece	own recor rict Registr	rds. rar / Chi	ief Registrar within a period of ith which the person is being
1. 1 2. 2 3 4 3. 1	Please retai Appeal, if an No days from th ggrieved. Date, where ligits, mm t	n a copy of th ny, must be su ne date of suc ner it occurs, is month in t	is form for your ibmitted to Dist h action or rece is to be provid wo digits and	own recorrict Registr rict of such ed in dd-m yyyy is yea	ds. order w m-yyyy J	ief Registrar within a period of with which the person is being format, where dd is date in two ar digits Wherever the date is
1. 1 2. 2 3 4 3. 1	Please retai Appeal, if an Adays from th ggrieved. Date, where ligits, mm to	n a copy of the ny, must be su ne date of suc- ever it occurs, is month in t words it shou	is form for your ibmitted to Dist h action or rece is to be provid wo digits and ild be written	own recorrict Registr ript of such ed in dd-m yyyy is yed in full e.g	rds. order w m-yyyy J r in for 01-01-2	ief Registrar within a period of with which the person is being format, where dd is date in two ar digits Wherever the date is 2023 shall be written as Firs.
1. 1 2. 2 3. 4 3. 1	Please retai Appeal, if an BO days from th ggrieved. Date, where ligits, mm to vritten in ward	n a copy of the ny, must be su ne date of such ever it occurs, is month in to vords it show thousand two	is form for your abmitted to Dist h action or rece is to be provid wo digits and ild be written enty three. Use	own recorrict Registr eipt of such ed in dd-m yyyy is yed in full e.g only 'Arab	rds. order w m-yyyy J r in for 01-01-2	ief Registrar within a period of with which the person is being format, where dd is date in two or digits Wherever the date is 2023 shall be written as Firs
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2. 2. 3. 3. 4. 3. 1. 3. 1. 3. 5. 5. 5. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Please retai Appeal, if an BO days from th ggrieved. Date, where ligits, mm to written in w danuary two for recordin Name, when	n a copy of the my, must be such the date of such the rection of the the rection of the the said of the the said of the great and of the rection of the the said of the rection of the the said of	is form for your abmitted to Dist h action or rece is to be provid two digits and ild be written enty three. Use ther numerical is, is to be prov	r own recorrict Registr eipt of such ed in dd-m yyyy is yed in full e.g only 'Arab entries. ided in the	rds. order w m-yyyy j ar in for 01-01-2 ic nume format	ief Registrar within a period of th which the person is being format, where dd is date in two the digits Wherever the date is 2023 shall be written as Firs, rals' such as 0,1,2,3,4,5,6,7,8,9 of [first name] [middle name]
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