## FORM NO.1 (See rule 5) BIRTH REPORT

Legal information. (See Reverse for instruction)

This part to be added to the Birth Register.

To be filled by the informant

## FORM NO.1 (See rule 5) BIRTH REPORT

Statistical information (See Reverse for instruction)

This party to be detached and sent for statistical processing.

To be filled by the informant

remarks column in the box below left.)

		To be illied by the informant
1. Date of Birth:	10	Town or Village of Residence of the mother (
2. Sex (Enter "Male" or "Female "or "Transgender person:		Place where the mother usually lives. This can
3. Child's Details (If not named, leave blank):-		be different from the place where the delivery
(a) Name, if any:		occurred.
(b) Aadhaar No(If available):	11	Tick appropriate entry" Town" or "Village"
4. Father's		and write its name):
Details:-		Town or Village: sub-district:
Name:		District: State or Union Territory:
(a) Aadhaar No. (if available)		PIN Code:
(b) Mobile No:-		
(c) Email Id:	(a)	For Religion: Enter appropriate religion
5. Mother's	(4)	"Hindu" or "Muslim" or "Christian" or "
Details:-		Sikh" or "Buddhist" or "Jain" or "Other(
Name:-		Please specify)
(a) (a) Aadhaar No. (if available)	(b)	Religion of Father:
(b) Mobile No:-	(0)	Religion of Mother
(c) Email Id:	12	rengion of mouner
6. Address of parents at the time of the Child	13	Father's level of education:
(a) House No:	13	Mother's level of education:
(b) Locality:		Wother s level of education.
(c) Ward number (in case of town and if available)	1.4	Age of the mother (in completed years) at the
i. Town or Village: Sub- district: District:	14	time of marriage (if married more than once,
State or Union Territory: PIN Code:		age at first marriage is to be written);
7. Permanent address of parents:	15	age at first marriage is to be written);
(a) House No:		Age of the mother (in completed years) at the
(a) House No. (b) Locality:	16	time of this birth:
(c) Ward number (in case of town and if available)		time of this birdi.
i. Town or Village: Sub- district: District:		Number of children born alive to the mother so
State or Union Territory: PIN Code:		far including this child (Number of children
· ·	17	born alive to include also those from earlier
8. Place of birth (Tick the appropriate entry 1 or 2 or 3		marriage (s), if any):
below and give the name and address of the		
"Hospital/Institution" or the address or the "House" or		Type of attention at delivery (Tick the
"other place" where the birth took place)	18	appropriate entry below):
1. Hospital/ Institution Name:		1. Institutional -Government
2. House 3. Other place Address: House (no:		2. Institutional- Private or non- Government.
Locality: Ward number(in case 12of town and if		3. Doctor, Nurse or Trained Midwife
available):		4. Traditional Birth Attendant
Town or Village: sub-district: District:		5. Relatives others
State or Union Territory: PIN Code:		Method of Delivery (Tick the appropriate entry
9. Informant's Details		below): 1.Natural
(a)Name:	19	2. Caesarean
(b) Aadhaar No. ( if available):		3. Forceps/ Vacuum
(c) Mobile No:		
(d) E-mail:	20	Birth Weight 9in Kgs.) (if available):
(e) Address: House No:	21	Duration of pregnancy (in weeks):
(f) Locality Ward number (in case of		Datation of prognancy (in weeks).
town and if available):		(In the case of multiple births, fill in a separate
Town or Village: sub-district: District		form for each child and write "Twin birth" or "
O III. The is		Triple birth" etc, as the case may be. In the
State or Union Territory: PIN Code:		remarks column in the box below left.)

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 21, informant will put date and signature)				
Date:- Signature or thumb impression		(Columns to be filled are over. Now put signature at left		
To Be filled by the registrar		To Be filled by	v the registrar	
Registration No:		To Be Timed 0	y the registrar	
Registration Date:			Name	Code No.
Registration Unit:		District		
Town/ Village:		Sub- District		
Sub- District: District:		Town/village		
Remarks (if any)		Registration Unit: Registration No: Registration Date: Sex: Male/ Female/ Transgender: Place of Birth: 1. Hospital/institution 2. House 3. Other place:		
Name and -:			Nam	e and signature of the
Name and signature of the Registrar	]			Registrar

**Instructions for completing the Form 1: BIRTH REPORT** 

	ructions 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.  Birth can be registered without name of the child. However, name of child can be inserted, free of charge, 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, 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 – Write one of following—  (Enter the completed level of education e.g. if studied up to class VII but passed only class VI, write class
	VI)
14, 15	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 Birth Report Form is left blank to the extent possible.