

भारत सरकार
GOVERNMENT OF INDIA



लद्दाख का राजपत्र The Ladakh Gazette

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असाधारण
EXTRAORDINARY
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PUBLISHED BY AUTHORITY

लद्दाख, 14 जनवरी, 2025
LADAKH, TUESDAY, JANUARY, 14, 2025

Part II - Section 3

केन्द्र-शासित प्रदेश लद्दाख प्रशासन
ADMINISTRATION OF UNION TERRITORY OF LADAKH

Health and Medical Education Department
NOTIFICATION
Ladakh the 13th of January 2025

S.O. 02.—In exercise of the powers conferred by Section 30 of the Registration of Births and Deaths Act, 1969 (Central Act 18 of 1969) the Administration of Union territory of Ladakh with the approval of the Central Government, hereby makes the following rules, namely: —

RULES

- 1. Short title and commencement.** —(1) These rules may be called the Union territory of Ladakh Registration of Births and Deaths Rules, 2025.
(2) They shall come into force from the date of their publication in the Official Gazette.
- 2. Definitions.** —In these rules, unless the context otherwise requires, —
 - a) "Act" means the Registration of Births and Deaths Act, 1969;
 - b) "Form" means a Form appended to these rules; and
 - c) "Section" means a section of the Act.

- d) The words and expressions used in these rules and not defined herein, but are defined in the Act shall have the same meaning as are respectively assigned to them, under the Act.
- 3. Period of gestation.** —The period of gestation for the purposes of clause (g) of sub-section (i) of section 2 shall be twenty-eight weeks.
- 4. Submission of report under section 4 (4)**-The report under sub-section (4) of section 4 shall be prepared in the prescribed format appended to these Rules and shall be submitted along with the statistical report referred to in sub section (2) of section 19, to the Administrator of Union territory of Ladakh by the Chief Registrar for every year by the 31st July of the year following the year to which the report relates.
- 5. Form, etc. for giving information of births and deaths.**
- 1) The information required to be given to the Registrar under section 8 or section 9, as the case may be, shall be in Form No's. 1, 1A, 2 and 3 for the Registration of a birth, death and still birth respectively (hereinafter to be collectively called the reporting forms). Information if given orally, shall be entered by the Registrar in the appropriate reporting forms and the signature/thump impression of the informant obtained.
 - 2) The part of the reporting forms containing legal information shall be called the 'Legal Part' and the part containing statistical information shall be called the 'Statistical Part'.
 - 3) The information referred to in sub-rule (1) shall be given within twenty-one days from the date of birth, death and still birth.
 - 4) Name, wherever it occurs, in Forms referred to in Union territory of Ladakh Registration of Birth and Death Rules 2025, 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 Union territory of Ladakh Registration of Birth and Deaths Rules, 2025, 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 Union territory of Ladakh Registration of Birth and Death Rules, 2025 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.

- 6. Birth or death in a vehicle.** — (1) In respect of a birth or death in a moving vehicle, the person in charge of the vehicle shall give or cause to be given the information under sub-section (1) of section 8 at the first place of halt.

Explanation. —For the purpose of this rule the term "vehicle" means conveyance of any kind used on land, air or water and includes an aircraft, a motor-car and a motor cycle.

(2) In the case of deaths not falling under clauses (a) to (e) of sub-section (1) of section 8 in which an inquest is held, the officer who conducts the inquest shall give or cause to be given the information under sub-section (1) of section 8.

- 7. Form of certificate under section 10 sub section (2) (3).** — The certificate as to the cause of death, including the history of illness, if any, required under sub-section (2) and (3) of section 10 shall be issued in Form No. 4 or 4A respectively and the Registrar shall, after making necessary entries in the register of births and deaths, forward all such certificates to the Chief Registrar or the officer specified by him in this behalf by the 10th of the month immediately following the month to which the certificates relate.

8. Certification of registration of births or deaths to be given under section 12.—

- 1) The certificate of birth or death extracted from the register relating to births or deaths to be given to an informant, electronically or otherwise, under section 12 shall be in Form No. 5 or Form No. 6, as the case may be.
- 2) In the case of domiciliary events of births and deaths, as the case may be, referred to in clause (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.
- 3) In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of section 8 which are reported by persons specified by the Administrator of Union territory of Ladakh under sub-section (2) of the said section, the person so specified shall transmit, electronically or otherwise, the certificate received from the Registrar of Births and Deaths to the concerned 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, within thirty days of its issue by the Registrar.
- 4) In the case of institutional events of births and deaths as the case may be, referred to in clauses (b) to (e) and (da), (db) and (dc) of sub-section (1) of section 8, the nearest relative of the new born or deceased may obtain electronically or otherwise the certificate from the officer or person in charge of the institution concerned within thirty days of the occurrence of the event of birth or death.
- 5) If the certificate of birth or death is not collected by the concerned person as referred to in sub-rules (2) to (4) within the period stipulated therein, the Registrar or the officer or person in charge of the concerned institution as referred to in sub-rule (4) shall transmit the same to the concerned family by post within fifteen days of the expiry of the aforesaid period.

9. Authority for delayed registration and fee payable there for—

- 1) Any birth or death of which information is given to the Registrar after the expiry of the period specified in rule 5, but within thirty days of its occurrence, shall be registered on payment of a late fee of twenty rupees.
- 2) Any birth or death of which 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.

10. Period for the purpose of section 14. —

- 1) Where the birth of any child had been registered without a name, the parent or guardian of such child shall, within 12 months from the date of registration of the birth of child, give information regarding the name of the child to the Registrar in writing:

Provided that if the information is given after the aforesaid period of 12 months but within a period of 15 years, which shall be reckoned

- i. (a) in case where the registration had been made prior to the date of commencement of these Rules, further 5 years period from the date of the commencement of these rules shall be given. or
(b) in case where the registration is had been made after the date of commencement of these Rules, and 15 years period from the date of Registration has already been lapsed, they shall also be given 5 years period from the date of commencement of these rules. In respect of those cases, where 15 years period from the date of registration has not yet been lapsed, they shall be allowed to avail the 15 years period. or
- ii. In case where the registration is made after the date of commencement of these Rules, the period of 15 years from the date of such registration, subject to the provision of sub-section (4) of Section 23.

the Registrar shall

- (a) if the register is in his possession forthwith enter the name in the relevant column of the concerned form in the birth register on payment of a late fee of rupees fifty.
 - (b) If the register is not in his possession and if the information is given orally, make a report giving necessary particulars, and, if the information is given in writing, forward the same to the officer specified by the State Government in this behalf for making the necessary entry on payment of a late fee of rupees fifty.
- 2) The parent or the guardian, as the case may be, shall also present to the Registrar the copy of the extract given to him under section 12 or a certified extract issued to him under section 17 and on such presentation the Registrar shall make the necessary endorsement relating to the name of the child.

11. Correction or cancellation of entry in the register of births and deaths.—

- 1) If it is reported to the Registrar that a clerical or formal error has been made in the register or if such error is otherwise noticed by him the Registrar shall enquire into the matter and if he is satisfied that any such error has been made, he shall correct the error (by correcting or cancelling the entry) as provided in section 15 and shall send an extract of the entry showing the error and how it has been corrected to the Administrator of Union territory of Ladakh or the officer specified by it in this behalf.
- 2) In the case referred to in sub rule (1) if the register is not in his possession, the Registrar shall make a report to the Administrator of Union territory of Ladakh or the officer specified by it in this behalf and call for the relevant register and after enquiring into the matter, if he is satisfied that any such error has been made, make the necessary correction.
- 3) Any such correction as mentioned in sub-rule (2) shall be countersigned by the Administrator of Union territory of Ladakh or the officer specified by it in this behalf when

the register is received from the Registrar.

- 4) If any person asserts that any entry in the register of births and deaths is erroneous in substance, the Registrar may correct the entry in the manner prescribed under section 15 upon production by that person a declaration setting forth the nature of the error and true facts of the case made by two credible persons having knowledge of the facts of the case.
- 5) Notwithstanding anything contained in sub-rule (1) and sub-rule (4) the Registrar shall make report of any correction of the kind referred to therein giving necessary details to the Administrator of Union territory of Ladakh or the officer specified in this behalf.
- 6) If it is proved to the satisfaction of the Registrar that any entry in the register of births and deaths has been fraudulently or improperly made, he shall make a report giving necessary details to the officer authorised by the Chief Registrar by general or special order in this behalf under section 25 and on hearing from him take necessary action in the matter.
- 7) In every case in which an entry is corrected or cancelled under this rule, intimation thereof should be sent to the permanent address of the person who has given information under section 8 or section 9.

12. Form of register under section 16.—The legal part of the Form Nos. 1, 1A, 2 and 3 shall constitute the birth register, death register and still birth register (Form Nos. 7, 8 and 9) respectively.

13. Fees and postal charges payable under section 17. —

- 1) The fees payable for a search to be made, a certificate of birth and death or a non-availability certificate to be issued under section 17, electronically or otherwise, shall be as follows:

	Rupees.
(a) Search for a single entry in the first year for which the search is made	20
(b) for every additional year for which the search is continued	20
(c) for granting certificate relating to each birth or death	50
(d) for granting non-availability certificate of birth or death	20

- 3) Any such certificate on the basis of extract from the register relating to birth or death shall be issued under section 17 by the Registrar or the officer authorised by the Administrator of Union territory of Ladakh in this behalf in Form No. 5 or, as the case may be, in Form No. 6 and shall be certified in the manner provided for in section 75 of THE BHARATIYA SAKSHYA ADHINIYAM, 2023 (47 of 2023) particular event of birth or death is not found registered the Registrar shall issue a non-availability certificate in Form No. 10.
- 4) Any such certificate or non-availability certificate may be furnished to the person asking for it or sent to him by post on payment of the postal charges therefore.

14. Interval and forms of periodical returns under section 19(1). —

- 1) Every Registrar shall after completing the process of registration send all the Statistical Parts of the reporting forms relating to each month along with a Summary Monthly Report in Form No. 11 for births, Form No. 12 for deaths and Form No. 13 for still births to the Chief Registrar or the officer specified by him on or before the 5th of the following month.
- 2) The officer so specified shall forward all such statistical parts of the reporting forms received by him to the Chief Registrar not later than the 10th of the month.

15. Statistical report under section 19 (2)—The statistical report under sub-section (2) of section 19 shall contain the tables in the prescribed formats appended to these rules and shall be compiled for each year before the 31st July of the year immediately following and shall be published as soon as may be thereafter but in any case, not later than five months from that date.

16. Conditions for compounding offences—

- 1) Any offence punishable under section 23 may, either before or after the institution of criminal proceedings under this Act, be compounded by an officer authorised by the Chief Registrar by a general or special order in this behalf, if the officer so authorised is satisfied that the offence was committed through inadvertence or oversight or for the first time.
- 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) and rupees fifty for offences under sub-section (3), and one hundred rupees in respect of each birth or death for offences under sub-section (1A) and (4A) of section 23 as the said officer may think fit.

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

17. Registers and other records under section 30(2)(k). –

- 1) The birth register, death register and still birth register shall be records of permanent importance and shall not be destroyed.
- 2) 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 form an integral part of the birth register, death register and still birth register and shall not be destroyed.
- 3) The certificate as to the cause of death furnished under sub-section (2) and (3) of the section 10 shall be retained for a period of at least 5 years by the Chief Registrar or the officer specified by him in this behalf.
- 4) Every birth register, death register and still birth register shall be retained by the Registrar in his office for a period of twelve months after the end of the calendar year to which it relates and such register shall thereafter be transferred for safe custody to such officer as may be specified by the Administrator of Union territory of Ladakh in this behalf.

By order and in the name of the Lieutenant Governor Union Territory of Ladakh .

Sd/-
(Dr. Vasantha Kumar Namasivayam), IAS
Commissioner Secretary H&ME Department UT Ladakh .

Copy to the: -

1. Register General of India, Ministry of Home Affairs, Government of India.
2. Joint Secretary Department of (Jammu, Kashmir & Ladakh) Affairs , Ministry of Home Affairs, Government of India.

Copy also to the: -

1. All Administrative Secretaries UT Ladakh.
2. Secretary to Hon'ble Lieutenant Governor UT Ladakh.
3. Administrative Secretary, General Administration Department.
4. Deputy Commissioners/CEO LAHDC, Leh/Kargil.
5. Director Health Services, UT Ladakh.
6. All Heads of the Departments UT Ladakh.
7. Technical Director, NIC, Leh UT Ladakh..
8. Joint Director, Information Department UT Ladakh.
9. Superintendent, Archives, Archaeology & Museums UT Ladakh.
10. Pvt. Secretary to Advisor, Ladakh for kind information of the Advisor UT Ladakh..
11. Pvt. Secretaries to Chairman/Chief Executive Councillor, LAHDCs, Leh/Kargil for kind information of the Hon'ble CECs.
12. Order/Stock file.
13. e-office file no:-P/139/2024-Office of Special Secretary (HnME)

डॉ. ज़हीदा बानो (जेकेएस)/Dr. Zahida Bano (JKAS)
विशेष सचिव, /Special Secretary,
स्वास्थ्य एवं चिकित्सा शिक्षा विभाग/Health & ME, Department,
संघ राज्य लद्दाख/UT Ladakh.

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

<p>1. Date of Birth:</p> <p>2. Sex (Enter “Male” or “Female “or “ Transgender person:</p> <p>3. Child’s Details (If not named, leave blank):- (a) Name, if any: (b) Aadhaar No(If available):</p> <p>4. Father’s Details:- Name: (a) Aadhaar No. (if available) (b) Mobile No:- (c) Email Id:</p> <p>5. Mother’s Details:- Name:- (a) (a) Aadhaar No. (if available) (b) Mobile No:- (c) Email Id:</p> <p>6. Address of parents at the time of the Child (a) House No: (b) Locality: (c) Ward number (in case of town and if available)</p> <p>i. Town or Village: Sub- district: District: State or Union Territory: PIN Code:</p> <p>7. Permanent address of parents: (a) House No: (b) Locality: (c) Ward number (in case of town and if available)</p> <p>i. Town or Village: Sub- district: District: State or Union Territory: PIN Code:</p> <p>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 or 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 12of town and if available): Town or Village: sub-district: District: State or Union Territory: PIN Code:</p> <p>9. Informant’s Details (a)Name: (b) Aadhaar No. (if available): (c) Mobile No: (d) E-mail: (e) Address: House No: (f) Locality Ward number (in case of town and if available): Town or Village: sub-district: District State or Union Territory: PIN Code:</p>	<p>10</p> <p>11</p> <p>(a)</p> <p>(b)</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p>	<p>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.</p> <p>Tick appropriate entry” Town” or “ Village” and write its name): Town or Village: sub-district: District: State or Union Territory: PIN Code:</p> <p>For Religion: Enter appropriate religion “Hindu” or “Muslim” or “Christian” or “ Sikh” or “ Buddhist” or “ Jain” or “Other(Please specify)</p> <p>Religion of Father: Religion of Mother</p> <p>Father’s level of education: Mother’s level of education:</p> <p>Age of the mother (in completed years) at the time of marriage (if married more than once, age at first marriage is to be written);</p> <p>Age of the mother (in completed years) at the time of this birth:</p> <p>Number of children born alive to the mother so far including this child (Number of children born alive to include also those from earlier marriage (s), if any):</p> <p>Type of attention at delivery (Tick the appropriate entry below): 1. Institutional -Government 2. Institutional- Private or non- Government. 3. Doctor , Nurse or Trained Midwife 4. Traditional Birth Attendant 5. Relatives others</p> <p>Method of Delivery (Tick the appropriate entry below): 1.Natural 2. Caesarean 3. Forceps/ Vacuum</p> <p>Birth Weight 9in Kgs.) (if available):</p> <p>Duration of pregnancy (in weeks):</p> <p>(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.)</p>
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<p>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.</p> <p>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.</p> <p>(After completing all columns 1 to 21, informant will put date and signature)</p>	
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<p>Date:- Signature or thumb impression</p>	<p>(Columns to be filled are over. Now put signature at left)</p>												
To Be filled by the registrar	To Be filled by the registrar												
<p>Registration No: Registration Date: Registration Unit: Town/ Village: Sub- District: District: Remarks (if any)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Code No.</th> </tr> </thead> <tbody> <tr> <td>District</td> <td></td> <td></td> </tr> <tr> <td>Sub- District</td> <td></td> <td></td> </tr> <tr> <td>Town/village</td> <td></td> <td></td> </tr> </tbody> </table> <p>Registration Unit: Registration No: Registration Date: Sex: Male/ Female/ Transgender: Place of Birth : 1. Hospital/institution 2. House 3. Other place:</p>		Name	Code No.	District			Sub- District			Town/village		
	Name	Code No.											
District													
Sub- District													
Town/village													
Name and signature of the Registrar	Name and signature of the Registrar												

(See rule 5)
BIRTH REPORT FOR ADOPTED CHILD
ADOPTED CHILD

Legal information.
(See Reverse for instruction
This part to be added to the Birth Register.
and sent for
To be filled by the informant

(See rule 5)
BIRTH REPORT FOR

Statistical information
(See Reverse for instruction)
This party to be detached
statistical processing
To be filled by the informant

<p>1. Date of Birth:</p> <p>2. Sex (Enter “Male” or “Female “or “Transgender person:</p> <p>3. Child’s Details (If not named, leave blank): - (a) Name, if any: (b) Aadhaar No (If available):</p> <p>4. Father’s Details: - Name: (d) Aadhaar No. (if available) (e) Mobile No: - (f) E.mail Id:</p> <p>5. Mother’s Details: - Name: - (d) (a) Aadhaar No. (if available) (e) Mobile No: - (f) E.mail Id:</p> <p>6. Details of adoption deed /order: (a) Date: (b) Number of Adoption deed/order:</p> <p>7. Adoptive Mother’s Details:- Name:- (a) Aadhaar No. (if available) (b) Mobile No:- (c) E.mail Id:</p> <p>8. . Adoptive Fathers Details:- Name:- (a) (a) Aadhaar No. (if available) (b) Mobile No:- (c) E.mail Id:</p> <p>9. Address of adoptive parents as recorder in Adoption deed/order: (a) House No: (b) Locality: (c) Ward number (in case of town and if available)</p> <p>i. Town or Village: Sub- district: District: State or Union Territory: PIN Code:</p> <p>10. Permanent address of adoptive parents: (a) House No: (b) Locality: (c) Ward number (in case of town and if available)</p> <p>i. Town or Village: Sub- district: District: State or Union Territory: PIN Code:</p> <p>11. 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 or the “House” or “other place” where the birth took place) 1. Hospital/ Institution Name: 2. House 3. Other place Address: House (no: Locality: 4. Ward number(in case 12of town and if available):</p>	<p>14</p> <p>(a)</p> <p>(b)</p> <p>15</p> <p>16</p> <p>17 18</p>	<p>For Religion: Enter appropriate religion “ Hindu” or “Muslim” or “Christian” or “ Sikh” or “ Buddhist” or “ Jain” or “Other(Please specify)</p> <p>Religion of Adoptive Father:</p> <p>Religion of Adoptive Mother</p> <p>Adoptive Father’s level of education:</p> <p>Adoptive Mother’s level of education:</p> <p>Adoptive Father’s Occupation</p> <p>Adoptive Mother’s occupation</p>
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<p>Town or Village: sub-district: District: State or Union Territory: PIN Code:</p> <p>12. If adoption through agency write the address of the adoption agency: (a) House No: (b) Locality: (c) Ward number (in case of town and if available)</p> <p>i. Town or Village: Sub- district: District: State or Union Territory: PIN Code:</p> <p>13. Informant's Details (a) Name: (b) Aadhaar No. (if available): (c) Mobile No: (d) E-mail: (e) Address: House No: (f) Locality Ward number(in case of town and if available): Town or Village: sub-district: District: State or Union Territory: PIN Code:</p> <p style="margin-left: 40px;">• As contained in the original birth certificate:</p> <p>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.</p> <p>(After completing all columns 1 to 18, informant will put date and signature)</p>													
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 the registrar												
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	Name	Code No.											
District													
Sub- District													
Town/village													
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 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 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 Education – Write one of following— (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
17,18	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 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.

(See rule 5)
DEATH REPORT
 Legal information
 (See Reverse for instruction)
 This part to be added to the Birth Register.

(See rule 5)
DEATH REPORT
 Statistical information
 (See Reverse for instruction)
 This party to be detached and sent
 For statistical processing.

To be filled by the informant

To be filled by the informant.

<p>1. Date of Death:</p> <p>2. Deceased's Details : - (a) Name : (b) Aadhaar No (If available):</p> <p>3. Father's Details: - Name: (a) Aadhaar No. (if available) (b) Date of Birth(if available): - (c) Age:</p> <p>4. Mother's Details: - Name: - (a) Aadhaar No. (if available) (b) Mobile No: - (c) E.mail Id:</p> <p>5. Spouse's (Husband/ wife) Details:- Name:- (a) Aadhaar No. (if available) (b) Date of Birth(if available) (c) Age (in completed years) (d) Mobile No:- (e) E.mail Id:</p> <p>6. Address of the deceased at the time of death : (a) House No: (b) Locality: (c) Ward number (in case of town and if available)</p> <p>i. Town or Village: Sub- district: District: State or Union Territory: PIN Code:</p> <p>7. Permanent address of deceased: (a) House No: (b) Locality: (c) Ward number (in case of town and if available)</p> <p>i. Town or Village: Sub- district: District: State or Union Territory: PIN Code:</p> <p>8. 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 or the "House" or "other place" where the death took place) 1. Hospital/ Institution Name: 2. House 3. Other place Address: House (no: Locality: Ward number (in case 12of town and if available): Town or Village: sub-district: District: State or Union Territory: PIN Code:</p> <p>9. Informant's Details (a) Name: (b) Aadhaar No. (if available): (c) Mobile No:</p>	<p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p>	<p>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)</p> <p>. Town or Village: Sub- district: District: State or Union Territory: PIN Code:</p> <p>For Religion : Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or " Jain" or "Other(Please specify)</p> <p>Occupation of the deceased</p> <p>Type of Medical Attention received before death (Tick the appropriate entry below): 1. Institutional 2. Medical attention other than Institution 3. No Medical attention</p> <p>Was the cause of death medically certified? (Tick the appropriate entry below) : 1. Yes 2. No</p> <p>Name of Disease or Actual Cause of Death (For all deaths irrespective of whether medically certified or not) :</p> <p>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 entry below): 1. Yes 2. No If used to habitually smoke – for how many years? If used to habitually chew tobacco in any form – for how many years? If used to habitually chew arecanut in any form (including pan masala) -</p>
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<p>(d) E-mail: (e) Address: House No: (f) Locality Ward number (in case of town and if available): Town or Village: sub-district: District: State or Union Territory: PIN Code</p> <p>DECLARATION:</p> <p>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.</p> <p>(After completing all columns 1 to 20, informant will put date and signature)</p>		<p>for how many years?</p> <p>If used to habitually drink alcohol - for how many years</p>												
<p>Date:- Signature or thumb impression</p>		<p>(Columns to be filled are over. Now put signature at left</p>												
<p>To Be filled by the registrar</p>		<p>To Be filled by the registrar</p>												
<p>Registration No: Registration Date: Registration Unit: Town/ Village: Sub- District:</p> <p>District: Remarks (if any) Cause of Death (as per Form 4/4A):</p> <p style="text-align: right;">Name and signature of the Registrar</p>		<table border="1" data-bbox="949 974 1460 1075"> <thead> <tr> <th></th> <th>Name</th> <th>Code No.</th> </tr> </thead> <tbody> <tr> <td>District</td> <td></td> <td></td> </tr> <tr> <td>Sub- District</td> <td></td> <td></td> </tr> <tr> <td>Town/village</td> <td></td> <td></td> </tr> </tbody> </table> <p>Registration Unit: Registration No: Registration Date: Sex: Male/ Female/ Transgender person: Age of deceased Place of death: 1. Hospital/institution 2. House 3. Other place:</p> <p style="text-align: right;">Name and signature of the Registrar</p>		Name	Code No.	District			Sub- District			Town/village		
	Name	Code No.												
District														
Sub- District														
Town/village														

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 <ol style="list-style-type: none"> 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— <ol style="list-style-type: none"> 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.

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Still Birth Report
Legal information
(See reverse for instructions)

Still Birth Report
Statistical information
(See reverse for instructions)

This part to be added to the still Birth Register

This part to be added to the still Birth Register

<p>1. Date of Birth:</p> <p>2. Sex (Enter “Male” or “Female” or “Transgender person:)</p> <p>3. Father’s Details: - Name: (a) Aadhaar No. (if available) (b) Date of Birth (if available): - (c) Age:</p> <p>4. Mother’s Details: - Name: - (a) Aadhaar No. (if available) (b) Mobile No: - (c) E.mail Id:</p> <p>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 or 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 12of town and if available): Town or Village: sub-district: District: State or Union Territory: PIN Code:</p> <p>6. Informant’s Details (a) Name: (b) Aadhaar No. (if available): (c) Mobile No: (d) E-mail: (e) Address: House No: (f) Locality Ward number(in case of town and if available): Town or Village: sub-district: District: State or Union Territory: PIN Code;</p> <p>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.</p> <p>(After completing all columns 1 to 12, informant will put date and signature)</p>	<p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p>	<p>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. Tick appropriate entry” Town” or “Village” and write its name): Town or Village: sub-district: District: State or Union Territory: PIN Code:</p> <p>Age of the mother (in completed years) at the time of this birth: Mother’s level of education:</p> <p>Type of attention at delivery (Tick the appropriate entry below): 1. Institutional -Government 2. Institutional- Private or non- Government. 3. Doctor , Nurse or Trained Midwife 4. Traditional Birth Attendant 5. Relatives others</p> <p>Duration of pregnancy (in weeks) Cause of fetal death(if known)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Code No.</th> </tr> </thead> <tbody> <tr> <td>District</td> <td></td> <td></td> </tr> <tr> <td>Sub- District</td> <td></td> <td></td> </tr> <tr> <td>Town/village</td> <td></td> <td></td> </tr> </tbody> </table> <p>(In the case of multiple birth, 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)</p>		Name	Code No.	District			Sub- District			Town/village		
	Name	Code No.												
District														
Sub- District														
Town/village														

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 the registrar
Registration No: Registration Date: Registration Unit: Town/ Village: Sub- District: District: Remarks (if any) Cause of Death(as per Form 4/4A): Name and signature of the Registrar		Registration Unit: Registration No: Registration Date: Sex: Male/ Female/ Transgender person: Place of birth: 1. Hospital/institution 2. House 3. Other place: Name and signature of the Registrar

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 Person". Do not use abbreviation.																									
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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 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 birth took place.																									
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.																									
	Level of Education – Write one of following :-																									
	<table border="1"> <tbody> <tr> <td>1.Pre- Primary</td> <td>6.Class 5</td> <td>11.Class 10</td> <td>16.Bachelor Undergraduate</td> <td>21. Literate without formal education</td> </tr> <tr> <td>2.Class 1</td> <td>7.Class 6</td> <td>12.Class 11</td> <td>17. PG Diploma</td> <td>22. Illiterate</td> </tr> <tr> <td>3.Class 2</td> <td>8.Class 7</td> <td>13.Class 12</td> <td>18. Master / Post graduate</td> <td></td> </tr> <tr> <td>4.Class 3</td> <td>9.Class 8</td> <td>14.ITI</td> <td>19. M.Phil</td> <td></td> </tr> <tr> <td>5.Class 4</td> <td>10.Class 9</td> <td>15.Diploma Certificate</td> <td>20. Doctorate & above</td> <td></td> </tr> </tbody> </table>	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	
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	(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)																									
12	Cause of fetal death – Write one of following—																									
	<table border="1"> <tbody> <tr> <td>1. Bleeding (Hemorrhage)</td> <td>7. Diabetes in the mother</td> <td>13. Infection in the mother Parvovirus B19</td> </tr> <tr> <td>2. Problems with Placental</td> <td>8. Infection in the mother Coxsackie virus</td> <td>14. Infection in the mother Q fever</td> </tr> <tr> <td>3. Problem with umbilical cord</td> <td>9. Infection in the mother Herpes simplex</td> <td>15. Infection in the mother Rubella (German measles)</td> </tr> <tr> <td>4. Pre-eclampsia</td> <td>10. Infection in the mother Leptospirosis</td> <td>16. Infection in the mother Flu</td> </tr> <tr> <td>5. Genetic physical defect in the baby</td> <td>11. Infection in the mother Lyme disease</td> <td>17. Infection in the mother Toxoplasmosis</td> </tr> <tr> <td>6. Liver disorder in the mother (obstetric cholestasis)</td> <td>12. Infection in the mother Malaria</td> <td>18. Not stated</td> </tr> </tbody> </table>	1. Bleeding (Hemorrhage)	7. Diabetes in the mother	13. Infection in the mother Parvovirus B19	2. Problems with Placental	8. Infection in the mother Coxsackie virus	14. Infection in the mother Q fever	3. Problem with umbilical cord	9. Infection in the mother Herpes simplex	15. Infection in the mother Rubella (German measles)	4. Pre-eclampsia	10. Infection in the mother Leptospirosis	16. Infection in the mother Flu	5. Genetic physical defect in the baby	11. Infection in the mother Lyme disease	17. Infection in the mother Toxoplasmosis	6. Liver disorder in the mother (obstetric cholestasis)	12. Infection in the mother Malaria	18. Not stated							
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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

I hereby certify that the person whose particulars are given below died in the hospital in Ward No.....

on		D	D	-	M	M	-	Y	Y	Y	Y	at..... A. / P.M.	
NAME OF DECEASED:		First Name			Middle Name			Last Name			For use of Statistical Office		
		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					
1. Male 2. Female 3. Transgender person													
<u>CAUSE OF DEATH</u>										Interval between onset and death approx.			
I		(a)											
Immediate cause		State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.											
Antecedent cause		(b)											
		Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last .. due to (or as a consequence of)											
II		(c)											
Other significant conditions contributing to the death but not related to the disease or condition causing it												

Manner of Death

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide
5. Pending investigation
-

If deceased was a female, was pregnancy the death associated with?
1. Yes 2. No

If yes, was there a delivery? 1. Yes

Name and signature of the Medical Attendant 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 gives 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 appeared 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, diarrhoea, 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 decease.

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 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.

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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(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 this Act to give information concerning the death.

Form-5
(See rule 8)
ADMINISTRATION OF

State Govt.
Employee



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) and Rule 8 / 13 of The Union territory of Ladakh Registration of Births and Deaths Rules, 2024

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) of Sub-district of District of State/Union territory

Name:

Sex.....

Date of Birth.....

Place of birth.....

Name of Mother.....

Aadhaar No. of Mother

X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	--	--	--	--

Name of Father

Aadhaar No. of Father

X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	--	--	--	--

Address of parents at the time of birth of the child :

Permanent address of parents:

.....

.....

.....

.....

.....

.....

.....

.....

Registration No :...../Date of Registration.....

Remarks (if any).....

Date of issue:.....

Signature of the issuing authority Address of the issuing authority

Ensure registration of every birth and death

Seal

FORM-6
(See rule 8)

State Govt.
Employee

ADMINISTRATION 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 Rule 8 / 13 of The Union territory of Ladakh Registration of Births and Deaths Rules, 2024.

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 Districtof State/Union territory

Name:

Aadhaar No. of deceased

X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	--	--	--	--

:

Sex.....

Date of Death.....

Place of Death.....

Name of Mother.....

Aadhaar No. of Mother

X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	--	--	--	--

Name of Father.....

Aadhaar No. of Father

X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	--	--	--	--

Name of Husband / Wife.....

Aadhaar No. of Husband /

X	X	X	X	X	X	X	X	X				
---	---	---	---	---	---	---	---	---	--	--	--	--

Address of the deceased at the time of death:

.....

.....

Registration No:.....

Remarks (if any)

Date of issue:.....

Permanent address of the deceased:

.....

.....

Date of Registration.....

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
REGISTRER

Legal information

This part to be added to the Birth Register.

1. Date of Birth:

2. Sex (Enter "Male" or "Female "or " Transgender person:

3. Child's Details (If not named, leave blank):-

(a) Name, if any:

(b) Aadhaar No(If available):

4. Father's

Details:-

Name:

(g) Aadhaar No. (if available)

(h) Mobile No:-

(i) Email Id:

5. Mother's

Details:-

Name:-

(g) (a) Aadhaar No. (if available)

(h) Mobile No:-

(i) Email Id:

6. Address of parents at the time of the Child

(a) House No:

(b) Locality:

(c) Ward number (in case of town and if available)

i. Town or Village: Sub- district: District:

State or Union Territory: PIN Code:

7. Permanent address of parents:

(a) House No:

(b) Locality:

(c) Ward number (in case of town and if available)

i. Town or Village: Sub- district: District:

State or Union Territory: PIN Code:

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 or 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 12 of town and if available):

Town or Village: sub-district: District:

State or Union Territory: PIN Code:

9. Informant's Details

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) E-mail:

(e) Address: House No:

(f) 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 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

To Be filled by the registrar

Registration No:
Registration Unit:
Town/ Village:
Sub- District:
District:

Name and signature of the Registrar

FORM 8
(See Rule 12)
DeathRegistration
Legal Information-----

To be filled by the Informant:

This part to be added to the Death Registration

<p>1. Date of Death:</p> <p>2. Deceased's Details: -</p> <p>(a) Name:</p> <p>(b) Aadhaar No (If available):</p> <p>3. Father's Details: - Name: (a) Aadhaar No. (if available) (b) Date of Birth (if available): - (c) Age:</p> <p>4. Mother's Details: - Name: - (a) Aadhaar No. (if available) (b) Mobile No: - (c) Email Id:</p> <p>5. Spouse's (Husband/ wife) Details: - Name: (a) Aadhaar No. (if available) (b) Date of Birth (if available) (c) Age (in completed years) (d) Mobile No: - (e) Email Id:</p> <p>6. Address of the deceased at the time of death: (a) House No: (b) Locality: (c) Ward number (in case of town and if available) i. Town or Village: Sub- district: District: State or Union Territory: PIN Code:</p> <p>7. Permanent address of deceased: (a) House No: (b) Locality: (c) Ward number (in case of town and if available) i. Town or Village: Sub- district: District: State or Union Territory: PIN Code:</p> <p>8. 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 or the "House" or "other place" where the death took place)</p> <p>1. Hospital/ Institution Name: 2. House 3. Other place Address: House (no: Locality: Ward number (in case 12of town and if available): Town or Village: sub-district: District: State or Union Territory: PIN Code:</p> <p>9. Informant's Details (a) Name: (b) Aadhaar No. (if available): (c) Mobile No: (d) E-mail: (e) Address: House No: (f) Locality Ward number (in case of town and if available): Town or Village: sub-district: District: State or Union Territory: PIN Code</p> <p style="text-align: center;">DECLARATION:</p> <p>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.</p> <p>(After completing all columns 1 to9, informant will put date and signature)</p>

Date:-	Signature or thumb impression
To Be filled by the registrar	
Registration No: Registration Date: Registration Unit: Town/ Village: Sub- Distric t Distrit: Remarks (if any) Cause of Death(as per Form 4/4A):	
Name and signature of the Registrar	

FORM NO.9

(See rule 12)

STILL BIRTH REGISTRATION

Legal information

This part to be added to the Still Birth Register

To Be filled by the registrar

Registration No:
Registration Date:
Registration Unit:
Town/ Village:
Sub- District:

District:
Remarks (if any)
Cause of Death(as per Form 4/4A):

Name and signature of the Registrar

Registration No:
Registration Date:
Registration Unit:
Town/ Village:
Sub- District:

District:
Remarks (if any)
Cause of Death(as per Form 4/4A):

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 a search has been made on the request of Shri/Smt./Kum..... son/wife/daughter of in the registration records for the year(s) relating to (Local area)..... of (Sub-District) of (District)..... of (State) and found that the event relating to the birth/death of son/daughter of was not registered.

Date :

d	d	-	m	m	-	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Signature of issuing authority

Seal

FORM No. 11(See rule 14)

SUMMARY MONTHLY REPORT OF BIRTHS

1. Report for the Month of: _____ Year : _____
2. District:
3. Town/ Village:
4. Registration Unit:
5. Number of Births Registered during the month:

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

6. 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 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. 12 (See rule 14)

SUMMARY MONTHLY REPORT OF DEATHS

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)				Maternal Deaths	
Male	Female	Transgender Person	Total*	Male	Female	Transgender Person	Total	Male	Female	Transgender Person	Total		

6. Time Gap in Death 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):

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 of the Registrar.

Date:-

d	d	-	m	m	-	y	y	y	y
---	---	---	---	---	---	---	---	---	---

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:
5. Number of Still Births Registered during the month:

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

6. Time Gap in Birth registration:
 - Within Time limit (21 days) of their occurrence:
 - More than 21 days but within 30 days of their occurrence:
 - More than 30 days but within one year of their occurrence:
 - 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 Delayed Reporting of BIRTH / DEATH under Section 13(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023) DECLARATION

I....., son/daughter/wife of....., resident of
.....do 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.....
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:

I, 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 eg. 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, 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-District	Village/ Town	Locality	RU ID	Name of Registrar / Distt. Registrar or any officer authorized to act as Registrar / District Registrar

2. Account of Event Leading to appeal with date and order no. etc.
(Provide a detailed account of the occurrence, use attachments, if necessary)

DECLARATION:

I have furnished true information to the best of my knowledge and belief.

(Signature of the appellant)

Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Appellant details:

Name	Address	Aadhaar no.	Email Id	Mobile No.

Notes:

1. Please retain a copy of this form for your own records.
2. Appeal, if any, must be submitted to District Registrar / Chief Registrar within a period of 30 days from the date of such action or receipt of such order with which the person is being aggrieved.
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. *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.”.*