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PART III

Laws, Regulations and Rules passed thereunder.

GOVERNMENT OF JAMMU AND KASHMIR CIVIL SECRETARIAT—PLANNING DEVELOPMENT AND MONITORING DEPARTMENT, J&K, SRINAGAR.

Notification

Srinagar, the 10th of October, 2022.

SO-494.—In exercise of the powers conferred by section 30 read with section 1 of the Registration of Births and Deaths Act, 1969 (Central Act of 18 of 1969), the Lieutenant Governor of the Union Territory of Jammu and Kashmir, with the approval of the Central Government, hereby makes the following rules; namely:—

1. **Short title, extent and commencement.**—(1) These rules may be called the Jammu and Kashmir Registration of Births and Deaths Rules, 2022.

- (2) They extend to the whole of the Union Territory of Jammu and Kashmir.
- (3) They shall come into force with effect from the 10th day of October, 2022.
- 2. **Definitions.**—In these rules, unless the context otherwise requires.—
 - (a) "Act" means the Registration of Births and Deaths Act, 1969 (Central Act of 18 of 1969);
 - (b) "Form" means a Form appended to these rules; and
 - (c) "Section" means a section of the Act.
- 3. **Period of Gestation.**—The period of gestation for the purposes of clause (g) of sub-section (1) 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 Government 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 under section 8 and section 9.—(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. 1 (Birth Report), Form No. 1A (Birth of an adopted child) Form No. 2 (Death Report), Form No. 3 (Still Birth Report) for the registration of a birth, birth of an adopted child, death and still birth respectively, herein 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/thumb 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.

- Birth or death in a vehicle under section 8 (1) (f).—(1) In 6. respect of a birth or death in a moving vehicle, the person incharge 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 boat, a ship, a railway carriage, motor-car, a motorcycle, a cart, a tonga and a rickshaw etc.
- (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.
- Form of certificate under section 10 (3).—The certificate as to the cause of death required under sub-section (3) of section 10 shall be issued in Form No. 4 or 4A and the Registrar shall, after making necessary entries in the register of 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
- Extracts of registration entries to be given under section 12.—(1) The extracts of particulars from the register relating to births or deaths to be given to an informant 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 referred to in clause (a) 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 may collect the extracts 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 State Government under sub-section (2) of the said section, the person so specified shall transmit the extracts received from the Registrar or 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 within thirty days of its issue by the Registrar.

- (4) In the case of institutional events of births and deaths referred to in clauses (b) to (e) of sub-section (1) of section 8, the nearest relative of the new born or deceased may collect the extract from the officer or person incharge of the institution concerned within thirty days of the occurrence of the event of birth or death.
- (5) If the extract 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 thereof under section 13.—(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 rupees two.
- (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 officer prescribed in this behalf and on payment of a late fee of rupees five.
- (3) Any birth or death which has not been registered within one year of its occurrence, shall be registered only on an order of a Magistrate of the first class or a Presidency Magistrate and on payment of a late fee of rupees ten.
- 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 twelve (12) months from the date of the registration of the birth of the child, give information regarding the name of the child to the Registrar either orally or in writing:

Provided that if the information is given after the aforesaid period of Twelve (12) months, which shall be reckoned as under :—

(i) (a) In case where the registration had been made prior to the date of the commencement of these Rules, further 05 years period from the date of commencement of these rules shall be given; or

- In case where the registration had been made after the (b) date of the commencement of these Rules and 15 years period from the date of registration has already been lapsed, they shall also be given 05 years period fom 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
- In case where the registration is made after the date of (ii) commencement of these Rules, the period of 15 years from the date of such registration, subject to the provisions of Sub-Section (4) of Section 23,

The Registrar shall:—

- 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 five.
- (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 Government in this behalf for making the necessary entry on payment of a late fee of rupees five.
- (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 or take action as laid down in clause (b) of the proviso to sub-rule (1).
- 11. Correction or cancellation of entry in the register of births and deaths under Section 15.—(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 and if the register is in his possession, 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 UT Government 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 the possession, the Registrar shall make a report to the UT Government 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 UT Government 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) Not withstanding 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 Union Territory Government 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 authorized 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 Forms No. 1, 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, an extract or a non-availability certificate to be issued under section 17, shall be as follows:—
 - (a) Search for a single entry in the Rs. 2.00 (Two Rupees) first year for which the search is made.

- (c) For granting extract relating Rs. 5.00 (Five Rupees) to each birth or death.
- (d) For granting non-availability Rs. 2.00 (Two Rupees)

 Certificate of Birth or Death
- (2) Any such extract in regard to a birth or death shall be issued by the Registrar or the officer authorized by the Government 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 76 of the Indian Evidence Act, 1872 (1 of 1872).
- (3) If any 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 extract 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 therefor.
- 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 10^{th} of the month
- 15. **Statistical report under section 129 (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 under Section 23.—
 (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 authorized by the Chief registrar by a general or special order in this behalf, if the officer so authorized 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 rupees fifty for offences under sub-section (1), (2) and (3) and rupees ten for offences under sub-section (4) of section 23 as the said officer may think fit.
- 17. **Registers and other records under section 30 (2) (k).**—(1) The birth register, birth of an adopted child register, death register and still birth register shall be records of permanent importance and shall not be destroyed.
- (2) The court orders and orders of the specified authorities granting permission for delayed registration received under section 13 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 (3) of the section 10 shall be retained for a period of at least five 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 Government in this behalf.
- 18. **Repeal and Savings.**—(1) The Jammu and Kashmir Registration of Births and Deaths Rules, 1975 are hereby repealed.
- (2) Not withstanding such repeal, any action taken under the rules so repealed shall be deemed to have been taken under the corresponding provisions of these rules.

By order of the Lieutenant Governor.

(Sd.) DR. RAGHAV LANGER, IAS, Secretary to Government, Planning Development & Monitoring Department.

The following CRS are appended with the Notification.

Sl. No.	Form Number	Tile of the Form		
1.	1	Birth Report		
2.	1A	Birth Report for Adopted Children		
3.	2	Death Report		
4.	3	Still Birth Report		
5.	4	Medical Certificate of Cause of Death (For Hospital In-Patients)		
6.	4A	Medical Certificate of Cause of Death (For Non-Institutional Deaths)		
7.	5	Birth Certificate		
8.	6	Death Certificate		
9.	7	Birth Report (Legal information)		
10.	8	Death (Legal information)		
11.	9	Still Birth Report (Legal information)		
12.	10	Non-availability Certificate		
13.	11	Summary Monthly Report of Births		
14.	12	Summary Monthly Report of Deaths		
15.	13	Summary Monthly Report of Still Births		

A copy of each of the above said Forms is appended.

(See Rule 5)

BIRTH REPORT

Legal Information

This part to be added to the Birth Register

				To be	filled i	by the	inform	ant					
1.	Date of Birth: (Enter the exact day, month and year the child was born e.g. 1-1-2000)												
2.	Sex: (Enter "Male", "Female", Transgender) (do not use abbreviation)												
3.	Name of the child, if any: (if not named leave blank)												
4.	(Full	of the name a	s usua	ılly wri		Ι	Ι					1	processing.
5.	(Full	of the name a	s usua	ılly wri									To be detached and sent for statistical processing
6.		ess of pa of the		at the	time o	f							d sent J
7.	Perma	anent ac	ldress	of par	ents:								d an
8.	name	of birth of the I took pla	Hospit									?	e detache
	1.	Hospit Institu			N	ame:							To b
	2.	House			Ad	ldress							
9.	Inform	nant's r	name:										
	Addre	ess:											
		r comp nant wi					?,						
Date:					Signat	ture of	left th	umb n	nark of	the In	forma	nt	
				То	be fill	led by	the Re	gistrar					
Regist	tration	No.					Regi	stratio	n Date	;			
Regist	tration	Unit											
Γown	/Villag	ge					Dist	rict					
Rema	rks (if	any)					1	Name a	and Sig	gnatur	e of th	e Reg	gistrar

(See Rule 5)

BIRTH REPORT

Statistical Information

This part to be detached and sent for statistical processing

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.

	To be filled by the inform	ant		To be filled by the informant				
10.	Town or Village of Re the mother: (Place v mother usually lives. To different from the place	where the his can be where the	16.	Age of the mother (in completed years) at the time of marriage: (If married more than once, age at first marriage may be entered)				
	delivery occurred. T address is not requir entered.)	he house ed to be	17.	Age of the mother (in completed years) at the time of this birth:				
	a) Name of the Town b) Is it a Town or Vil the appropriate en	llage: (Tick		Number of children born alive to the mother so far including this child: (Number of children born alive to the mother so far including this child:				
	1. Town 2. V c) Name of the District d) Name of the State:	Village ct:	18.	Number of children born alive to the mother so far including this child: (Number of children born to include also those from earlier marriages(s), if any)				
11.	Religion of the Family: <i>appropriate entry below)</i> 1. Hindu 2. Muslim 3.	,	19.	Type of attention at delivery: (Tick the appropriate entry below) 1. Institutional-Government				
	4. Any other Religion: (Write Name of the Religion)			Institutional-Government Institutional-Private or Non-Government				
12.	Father's level of Education	on:		Doctor, Nurse or Trained Midwife				
	(Enter the completed education e.g. If studies VII but passed only clas class VI)	studies upto class		upto class		Traditional Birth Attendant Relatives or others		
13.	Mother's level of Educate (Enter the completed education e.g. If studies VII but passed only class class VI)	level of upto class	20.	appropriate entry below) 1. Natural 2. Caesarean 3. Forceps/Vacuum				
14.	Father's Occupation: (If no occupation, write '	Nil')	21. 22.	Birth Weight (in kgs.) (if applicable) Duration of Pregnancy (in weeks)				
15.	Mother's Occupation : (If no occupation, write '	ŕ						
				umns to be filled are over. Now put Signature at left)				
		To be j	îlled b	y the Registrar				
	Name District:	Code No.		stration No. Registration Date:				
	Tehsil:			of Birth				
	Town/Village: Registration Unit:		Sex	1. Male 2. Female				
	205.5titution Office.		Place	e of Birth 1. Hospital/Institution 2. House				
l				Name and Signature of the Registrar				

FORM NO. 1-A BIRTH REPORT FOR ADOPTED CHILD Legal Information

This part to be added to the Birth Register

	To be filled by the informant						
1.	Date of Birth: (If Known, write exact otherwise record the date of birth as ascertained by the Magistrate)						
2.	Sex: (Enter "Male, "Female, Transgender) (do not use abbreviation)						
3.	Name of the child: (if name is changed on adoption, write new name) Solution The solution is changed on adoption						
4.	Name of the mother: (If known) UID No. of mother (if any)						
5.	Name of the father: (If known) UID No. of Father (if any)						
6.	Date and number of adoption deed/order						
7.	Name of the adoptive mother: UID No. of adoptive mother (if any)						
8.	Name of the adoptive father: UID No. of adoptive father (if any)						
9.	Address of adoptive parents as recorded in Adoption deed.						
10.	Permanent address of adoptive parents:						
11.	Place of birth:						
12.	If adoption through agency, write the place and address						
	of the adoption agency						
13.	Sex: (Enter "Male, "Female, Transgender)						
•	As contained in the original birth certificate.						
Date:	Signature or left thumb mark of the informant.						
	To be filled by the Registrar						
	ration No. Registration Date						
Town/	ration Unit Village District ks (if any)						
TCIII	Name and Signature of the Registrar						

FORM NO. 1-A BIRTH REPORT FOR ADOPTED CHILD Statistical Information

This part to be detached and sent for statistical processing

To be filled by the informant

- 14. Religion of the adoptive Father : (Tick the appropriate entry below)
 - 1. Hindu 2. Muslim 3. Christian
- 15. Adoptive Father's level of Education: (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
- 16. Adoptive Mother's level of Education:
 (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
- 17. Adoptive Father's Occupation: (If no occupation, write 'Nil')
- 18. Adoptive Mother's Occupation : (If no occupation, write '*Nil'*)

Columns to be filled are over. Now put signature at left.

Name Name Code No. Registration No. Registration Date: Date of Birth Sex 1. Male 2. Female Place of Birth: Name and Signature of the Registrar

(See Rule 5)

DEATH REPORT

Legal Information

This part to be added to the Birth Register

1	To be filled by the informant				
1.	Date of Death: (Enter the exact day, month and year the death took place e.g. 1-1-2000)				
2.	Name of the Deceased:				
-	(Full name as usually written)				
	UID No. of deceased (if any)				
3.	Sex of the deceased: (Enter "Male", "Female", Transgender)				
٥.	(do not use abbreviation)				
4.	Name of mother:				
	UID No. of mother (if any)				
5.	Name of father:	છું			
	UID No. of Father (if any)	To be detached and sent for statistical processing			
_		ses			
5.a	Name of Husband/wife:	010			
	UID No. of Husband/wife (if any)	al I			
	A CL 1 1/ 'C	tic			
5.b	Age of husband/wife : Contact details of husband/wife :	ıtis			
5.c	Age of deceased: (if the deceased was over 1 year of age, give age in	sta			
6.	completed years. If the deceased was below 1 year of age, give age in	Jor			
	months, and if below 1 month, give age in completed number of days, and	nt			
	if below one day, in hours.)	se			
7.	Address of deceased at the time of death	pu			
8.	Permanent address of deceased:	ф			
9.	Place of birth: (Tick the appropriate entry 1 or 2 below and give the	he			
	Place of Death: (Tick the appropriate entry 1, 2 or 3 below and give the				
	name of the Hospital/Institution or the address of the house where the $\frac{2}{3}$				
	death took place. If other place, give location)				
	1. Hospital/ Name:	To			
	Institution				
1.0	2. House Address: 3. Other Place:				
10.	Informant's name:				
	UID No. of Informant (if any)				
	Address:				
	(After completing all columns 1 to 21, Informant will put date and				
	signature here)				
	Declaration:				
	To the best of my knowledge and information, the detail of Aadhaar of				
	deceased is not available.				
Date:	Signature of left thumb mark of the Informant				
	To be filled by the Registrar				
Regis	tration No. Registration Date				
Regis	tration Unit				
Town	/Village District				
Rema	rks (if any)				
	Name and Signature of the Registrar				

(See Rule 5)

DEATH REPORT

Statistical Information

This part to be detached and sent for statistical processing

	This part to be detached t		. 1
	To be filled by the informant	To be filled	d by the informant
11.	Town or Village of Residence of the deceased: (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not	certified? : below)	cause of death medically (Tick the appropriate entry Yes 2. No
	required to be entered.) a) Name of the Town/ Village: b) Is it a Town or Village:	of Death:	he Disease or Actual Cause (For all deaths irrespective medically certified or not)
	Tick the appropriate entry below) 1. Town 2. Village c) Name of the District: d) Name of the State:	the death of time of do after	this is a female death, did occur while pregnant, at the elivery or within 6 weeks the end of pregnancy: Tick riate entry below:—
12.	Religion: (Tick the appropriate entry below):—		Yes 2. No
	Hindu 2. Muslim Christian Any other Religion:		habitual smoke, for how
	(Write Name of the Religion)		habitual chew Tobacco in for how many years?
13.	Occupation of the deceased: (If no occupation, write 'Nil')		habitual chew arecanut in (including pan masala), for
14.	Type of medical attention received before death : (Tick the appropriate entry below)	how many	
	Institutional Medical attention other than Institution No medical attention	21. If used to how many	habitual drink alcohol, for years?
		(Columns to be signature at left)	filled are over. Now put
	Name: Code No.:	To be fill	ed by the Registrar
	District:	egistration No.	Registration Date:
	Tehsil:	ate of Death	Sex 1. Male 2. Female
	Town/Village:		onth/days/hours
	Registration Unit:		ospital/Institution 2. House
		. Other place Name an	nd Signature of the Registrar
		1 turne un	a signature of the Registral

(See Rule 5)

STILL BIRTH REPORT Legal Information

This part to be added to the Birth Register

	To be filled by the informant						
1.	Date of Birth: (Enter the exact day, month and year e.g. 1-1-2000)						
2.	Sex : (Enter "Male, "Female" or Transgender) (Do not use abbreviation)						
3.	Name of the father: (Full name as usually written) UID No. of Father (if any)	cessing.					
		pro					
4.	Name of the mother: (Full name as usually written) UID No. of mother (if any)	tatistical					
		for s					
5.	Place of birth: (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)	To be detached and sent for statistical processing.					
	1. Hospital/ Name: Institution	tached					
	2. House Address	e de					
6.	Informant's name:	Tob					
	Address:						
(After completing all columns 1 to 12, informant will put date and signature here)							
Dat	e: Signature or left thumb mark of the Informant						
	To be filled by the Registrar						
Reg	gistration No Registration Date						
Reg	sistration Unit						
Tov	Town/Village District						
Remarks (if any)							
Name and Signature of the Registrar							

(See Rule 5)

STILL BIRTH REPORT

Statistical Information

This part to be detached and sent for statistical processing

In the case of multiple births, fill in the 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.

To be filled by the informant

- 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.)
 - a) Name of the Town/Village:
 - b) Is it a Town or Village: (Tick the appropriate entry below)
 - 1. Town 2
 - 2. Village
 - c) Name of the District:
 - d) Name of the State:
- 8. Age of the mother (in completed years) at the time of this birth
- 9. Mother's level of Education:

(Enter the completed level of education e.g. If studies upto class VII but passed only class VI, write class VI)

- 10. 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 or others
- 11. Duration of Pregnancy (in weeks)
- 12. Cause of foetal death: (if known)

(Columns to be filled are over. Now put signature at left

Name: Code No.:

District:
Tehsil:
Town/Village:
Registration Unit:

Registration Date:
Date of Birth
Sex: 1. Male 2. Female
Place of Birth 1. Hospital/Institution 2. House
Name and Signature of the Registrar

(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)

Name of the Hospital.	,
I hereby certify that the person whose particulars are given below of	lied in the
hospital in Ward NoonatA.M	I./P.M.
NAME OF THE DECEASED	For use

NAME OF THE DECEASED								
Sex		Age at Death						
	If 1 year or	If less than	If less	If less	Statistical			
	more	1 year	than	than one	Office			
	(age in years)	(age in	1 month	day				
		months)	(age in	(age in				
			days)	hours)				
1. Male								
2. Female								
I Immediate cause State the disease, or Complication causes death, no mode of dying si heart failure, as etc.	injury due which of) ot the uch as	e to (or as a co		Interval between onset and death approx.				
Antecedent cause Morbid condition any, giving rise above cause, underlying con last.	due ns, if of) to the stating	e to (or as a co						
	ibuting it not							

Manner of Death

How did the injury occur?

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

No. 27-ag] The J&K Official Gaz	rette, the 10th Oct., 2022/18th Asv., 1944. 19			
If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No If yes, was there a delivery? 1. Yes 2. No				
	Name and signature of the Medical Attendant certifying the cause of death			
	Date of verification			
SEE REVER	SE FOR INSTRUCTIONS			
(To be detached and hand	ded over to the relative of the deceased)			
	S/W/D of Shriwas admitted to this Hospital			
	Doctor(Medical Supdt., Name of Hospital)			

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

I hereby certify that the deceased Shri/Smt./Km.

Resident of		was unde	r my treatm	ent from		
NAME OF THE DECEASED For use						
Sex	Sex Age 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	Statistical Office	
1. Male						
2. Female	CAUCE OF DI	ATIT				
I Immediate cause State the disease or Complication caused death, mode of dying heart failure, etc.	, injury du which of) not the such as					
Antecedent cause Morbid condition any, giving rist above cause, underlying collast	ons, if of	e to (or as a co				
	ributing out not sease or					

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

Signature and address of Medical Practitioner/ Medical attendant with Registration No.....

Medical Certificate of Cause of Death

Directions for completing the Form

Name of the deceased: To be given in full. Do not use initials. If deceased is an infant, not yet named at time of death, write 'Son of (S/o)' or Daughter of (D/o)' followed by names of mother and father.

Age: If the deceased was over 1 year of age, give age in completed years. If the deceased was blow 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) and (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part 1, 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 1(a) the immediate cause of death. This does not mean the mode of dying e.g., heart failure, respiratory failure, etc. These items should not appear on the certificate at all since they are modes of dying and causes of death. Next consider whether the immediate case 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 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 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 types of anaemia, if known. Neoplasm-Indicate whether benign or malignant, and site, with site of primary neoplasm, whether 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 whether 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'.



GOVERNMENT OF JAMMU AND KASHMIR OFFICE OF THE REGISTRAR BIRTHS AND DEATHS OFFICE/DEPARTMENT

FORM NO. 5

BIRTH CERTIFICATE

Issued under section 12/17 of the Registration of Births and Deaths Act, 1969 and Rules 8/13 of Jammu & Kashmir Registration of Births and Deaths Rules, 2022

original red of Tehsil/	This is to certify that the following information has been taken from the cord of birth which is the register for (Local Area/ Local body)
1.	Name
2.	Sex
3.	Date of Birth
4.	Place of Birth.
5.	Name of the Mother
6.	Name of the Father
7.	Address of parents at the time of birth of the child
8.	Permanent address of parents.
9.	Registration No.
10.	Date of Registration.
11.	Remarks (if any)
	Date of issue.

Signature of issuing authority

Address of the issuing authority Seal

Ensure registration of every birth and death



GOVERNMENT OF JAMMU AND KASHMIR OFFICE OF THE REGISTRAR BIRTHS AND DEATHS OFFICE/DEPARTMENT

FORM NO. 6

DEATH CERTIFICATE

Issued under section 12/17 of the Registration of Births and Deaths Act, 1969 and Rules 8/13 of Jammu & Kashmir Registration of Births and Deaths Rules, 2022

original red of Tehsil/	This is to certify that the following information has been taken from the cord of birth which is the register for (Local Area/ Local body)
1.	Name
2.	Sex
3.	Date of Death
4.	Place of Death
5.	Name of the Mother
6.	Name of the Father/Husband
7.	Address of the deceased at the time of Death
8.	Permanent address of the deceased
9.	Registration No.
10.	Date of Registration.
11.	Remarks (if any)
12	Date of issue

Signature of issuing authority

Address of the issuing authority Seal

Ensure registration of every birth and death

FORM No. 7

(See Rule 12)

BIRTH REPORT Legal Information

This part to be added to the Birth Register

To be filled by the informant 1. Date of Birth: (Enter the exact day, month and year the child was born e.g. 1-1-2000)											
2.	Sex: (Enter "Male (do not use abbrev		Trans	gend	er)						
3.	Name of the child, i	•									
4.	Name of the father: (Full name as usuall UID No. of Father (
5.	Name of the mother ((Full name as usual UID No. of mother (ly written)]		
6.	Address of parents a Birth of the Child	at the time of	of								
7.	Permanent address of	of parents:									
8. Place of birth: (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)											
	1. Hospital/ Institution	Name:									
	2. House	Address									
9.	Informant's name: Address:										
(Afte	er completing all colu	imns 1									
	, Informant will puignature here)	ii date									
Date:	,	Signat	ure of	f left 1	humb	marl	c of th	e Info	ormant		_
Dute.		~. g					. 01 01		, , , , , , , , , , , , , , , , , , ,		
		T. 1. C11.	11.	1 D							_
Registrat	ion No	To be fille			ratior		,				_
Registrat	ion Unit			8							
Town/Vi				Distri	ct						
Remarks	(II any)										
					Nan	ne and	l Sign	ature	of the	Registrar	

FORM No. 8
(See Rule 12)
DEATH REPORT
Legal Information
This part to be added to the Death Register

	To be filled by the informant
1.	Date of Death: (Enter the exact day, month and year the death took place
	e.g. 1-1-2000)
2.	Name of the deceased:
2.	(Full name as usually written)
	UID No. of deceased (if any)
3.	Sex of the deceased: (Enter "Male, "Female, Transgender)
	(do not use abbreviation)
4.	Name of the Mother:
٦.	UID No. of Mother (if any)
	OID No. of Would (II ally)
5.	Name of the Father:
	UID No. of Father (if any)
5a.	Name of the Husband/Wife:
Su.	UID No. of Husband/Wife (if any)
	ord No. or rusband, write (if any)
	Age of Husband/Wife:
5c.	Contact details of Husband/Wife:
6.	Age of the deceased: (If the deceased was over 1 year of age, give age in
	completed years. If the deceased was blow 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.	Address of deceased at the time of death:
8.	Permanent address of deceased:
9.	Place of death: (Tick the appropriate entry 1, 2 or 3 below and give the
	name of the Hospital/Institution or the address of the house where the death
	took place. If other place, give location)
	1. Hospital/ Name:
	Institution
	2. House Address
	3. Other Place:
10	Informant's name:
10.	UID No. of Informant (if any)
	OID NO. OF INFORMATIC (IT ally)
	Address:
(After	completing all columns
1 to 2	1, Informant will put date
and si	gnature here)
Declar	ration:
	st of my knowledge and information, the detail of Aadhar of deceased is not
available	st of my knowledge and information, the detail of radinal of deceased is not
	Cignoture of left thumb more of the Informant
Date:	Signature of left thumb mark of the Informant
	To be filled by the Registrar
Registrati	
Registrati	· · · · · · · · · · · · · · · · · · ·
Town/Vil	
Remarks	(if any)
inciliai KS	
	Name and Signature of the Registrar

FORM No. 9

(See Rule 12)

STILL BIRTH REPORT

Legal Information

This part to be added to the Still Birth Register

1.	To be filled by the informant 1. Date of Birth: (Enter the exact day, month and e.g. 1-1-2000)										
2.	Sex : (Enter "Male, "Female, Transgender) (do not use abbreviation)										
3.	Name of the father: (Full name as usually written) UID No. of Father (if any)										
4.	Name of the mother: ((Full name as usually written) UID No. of mother (if any)										
5.	Place of birth: (Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place)										
	1. Hospital/ Name: Institution										
	2. House Address										
6.	Informant's name:										
	Address:										
1 to	r completing all columns 12, Informant will put nd signature here)										
Date:	Signature of left thumb mark of the Informant										
	To be filled by the Registrar										
Registrati Registrati											
Town/Vil Remarks	lage: District:										
	Name and Signature of the Registrar										

(See Rule 13)

NON-AVAILABILITY CERTIFICATE

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

This	is	to	certify	that	a	searcl	n has	been	made	on	the	req	uest	of
Shri/Smt./Kum.										Son/	wife/	daug	hter	of
					in	the	regis	tration	recor	ds	for	the	yea	ır(s)
			rela	ting to) (L	ocal a	rea)					of	(Teł	nsil)
							of (Distric	t)					
of (State)						.and	found	that	the ev	ent	relat	ing	to	the
birth/death of					sc	on/dau	ghter o	f						was
not registered														
Date:							Sign	nature	of Issui	ng A	utho	rity		
							Sea	1						

FORM NO. 11 (See Rule 14)

SUMMARY MONTHLY REPORT OF BIRTHS

1. Report for the mon	th of Yea	r
2. District:		
3. Town/Village:		
4. Registration Unit:		
5. Details of Births Re	egistered during the month:	
Male	Female	Total 1+2
1	2	3
	al to the number of statistical part of the number of statistical part of the number of statistical part.	art of Birth Report Forms
Dated: Submitted to the District Reg	1	Signature & Name of the Registrar

(See Rule 14)

SUMMARY MONTHLY REPORT OF DEATHS

1.	Report for the month of
2.	District:
3.	Town/Village:
4.	Registration Unit:

5. Details of Deaths Registered during the month:

Deaths (Including all Infants & Child Deaths)				Deaths (Ag		Child Deaths (Age 1 year or more but less than 5 years)			
Male	Female	Total (1+2)	Male	Female	Total (4+5)	Male	Female	Total (7+8)	
1	2	3	4	5	6	7	8	9	

*	Total	should	be equ	al to	the	number	of statistica	l part	of	Death	Report	Forms
	(Forn	n No. 2)	attache	d wit	h thi	s monthl	y report.					

Signature & Name of the Registrar

Dated:

Submitted to the District Registrar

(See Rule 14)

SUMMARY MONTHLY REPORT OF STILL BIRTHS

District:

Submitted to the District Registrar

3.	Town/Village:		
4.	Registration Unit:		
5.	Details of Still Birt	hs Registered during the month	:
	Male	Female	Total 1+2
	1	2	3
*		qual to the number of statistic) attached with this monthly re	
			Signature & Name of the Registrar

Table A-1: population, Registration Units, Monthly Returns Due and Received (Rural Areas)

Sl. No.	Districts	Population as per last census		No. of Registration Units	No. of Monthly Returns due	No. of Monthly Returns not received	No. of Monthly Returns received	N	stimated Iidyear pulation
		Actual	Adjusted for incomplete returns					Total	Adjusted for incomplete
							8		
					(5*12)		(6-7)		

Table A-2: population, Registration Units, Monthly Returns Due and Received (Urban Areas)

Sl. No.	Districts	Population as per last census		No. of Registration Units	No. of Monthly Returns due	No. of Monthly Returns not received	No. of Monthly Returns received		mated Mid Population
		Actual	Adjusted for incomplete returns					Total	Adjusted for incomplete
							8		
					(5*12)		(6-7)		

Table B-1 (See Rule 15) Live Births by Place of Occurrence, Districts (Rural & Urban) and Towns with Population One Lakh and above.

Sl. No.	District		h by pla			residence other	Place of residence out		
		M	F	T	Within the area	Outside the Area	side of the state		
1	2	3	4	5	6	7	8		
1.	District-1 R								
	U								
	T								
	Towns with population one lakh and above								
	Town-1								
	Town-2								
2.	District-2								
State Total	R								
	U								
	T								

Table B-2 (See Rule 15) Live Births by Place of Residence, Districts (Rural & Urban) and Towns with Population one Lakh and above.

Sl. No.	District		h by place		Birth Rate		urrence of the
NO.		M	F	T	Kate	Within the	Outside the
						Area	Area
1	2	3	4	5		6	7
1.	District-1 R						
	U						
	Т						
	Towns with po	pulation o	ne lakh	and above	;		
	Town-1						
	Town-2						
2.	District-2						
State	R						
Total							
	U						
	T						

Table B-3 (See Rule 15)

Time Gap in Registration of Live Births (Rural & Urban)

Sl.	District	Rural										
No.		Number of Live Births Registered										
		W	ithin		Г	Delayed Registration						
		Prescribed Time Limit					30 days Vithin 1 Year	After 1 year				
		Male	Female	Male	Female	Male	Female	Male	Female			
1	2	3	4	5	6	7	8	9	10			
State Total												

Sl.	District	Urban											
No.		Number of Live Births Registered											
		W	Within		Delayed Registration								
		Prescribed Time Limit Male Female		Withir	n 30 days	but V	30 days Vithin 1 Year	After 1 year					
				Male	Female	Male	Female	Male	Female				
1	2	3	4	5	6	7	8	9	10				
State Total													

Table B-4
Live Births by Sex and Month of Occurrence

Sl.	District	Sex	Months								Total				
No.			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	District-1	M													
		F													
		T													
	District-1														
	State Total	M													
		F													
		T													

Table B-5 (See Rule 15)

Live Births by Type of Attention at Delivery (Rural & Urban)

Rural/Urban		Type of Attention at Delivery									
	Instituti	onal	Doctor,	Traditional		Not					
	Government	Private and Non- Govern ment	Nurse and Trained Midwife	Birth Attendant	and others	stated					
1	2	3	4	5	6	7	8				
Rural											
Urban											
(i) Towns with	population one	lakh and a	bove								
Town- 1 Town-2											
(ii) All Other Urban areas											
Urban Total											
State Total											

Table B-6 (See Rule 15) Live Births by Method of Delivery and Type of Institutional for Institutional Births (Rural & Urban)

Method of Delivery				,	Type of	Institution			
		vernm Hospita		P		and Non- rnment		Total	
	R	U	T	R	U	T	R	U	T
1	2	3	4	5	6	7	8	9	10
Natural									
Caesarean									
Forceps/Vacuum									
Not Stated									
State Total									

Table B-7 (See Rule 15)

Live Births by Age of the Mother and Birth Order (Rural & Urban)

Age of								Bir	th Or	der					Total
Mother	1	2	3	4	5	6	7	8	9	10	11	12	13 &	Not	
													above	Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
					All	Area	as/R	ural	Areas	/Urba	ın Ar	eas			
Below 15															
15-19															
20-24															
25-29															
30-34															
35-39															
40-44															
45 & above															
Age not stated															
Total									,	,	,				

Table B-8 (See Rule 15)

Live Births by Birth Order and Age of the Mother for Towns with Population 1 Lakh and above.

Age of								Bir	th Or	der					Total
Mother	1	2	3	4	5	6	7	8	9	10	11	12	13 &	Not	
													above	Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Below 15															
15-19															
20-24															
25-29															
30-34															
35-39															
40-44															
45 & above															
Age not stated										·					
Total															

Table B-9 (See Rule 15)

Live Births by Age and Level of Education of the Mother (Rural & Urban)

Age of		Leve	l of Education	on of the Mo	ther		Total
Mother	Illiterate	Below Primary	Primary but Below Metric	Matric but Below Graduate	Graduate & above	Not stated	
1	2	3	4	5	6	7	8
		All Are	eas/Rural Ar	eas/Urban A	rea		
Below 15							
15-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45 & above							
Age not stated							
Total							

Table B-10 (See Rule 15)

Live Births by Level of Education of the Father and Birth Order (Rural & Urban)

Level of							L	ive l	Birth	Orde	r				Total
Education of Father	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				P	A 11 <i>A</i>	reas	s/Ru	ral A	Areas/	'Urba	n Are	as			
Illiterate															
Below Primary															
Primary but below Matric															
Matric but below Graduate															
Graduate & above															
Not stated															
Total															

Table B-11 (See Rule 15)

Live Births by Level of Education of the Mother and Birth Order (Rural & Urban)

Level of							Ι	ive	Birth	Orde	r				Total
Education of Father	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	•				A 11 /	rea	s/Ru	ral A	\reas/	/Urba	n Are	as	•	•	
Illiterate															
Below Primary															
Primary but below Matric															
Matric but below Graduate															
Graduate & above															
Not stated															
Total															

Table B-12 (See Rule 15)

Live Births by age of the Mother and Birth Order for each Level of Education of the Mother

							Bir	th Or	der					Total
1	2	3	4	5	6	7	8	9	10	11	12	13 &	Not	
												above	Stated	
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
catio	nal I	Leve										elow Mat	ric/Matri	c but
				belo	w G	radı	iate/	Grad	uate (& abo	ove			
									,		,			
		2 3	2 3 4	2 3 4 5 cational Levels/II	2 3 4 5 6 cational Levels/Illetra	2 3 4 5 6 7 cational Levels/Illetrate/B	2 3 4 5 6 7 8 cational Levels/Illetrate/Belov	1 2 3 4 5 6 7 8 2 3 4 5 6 7 8 9 cational Levels/Illetrate/Below Pr	1 2 3 4 5 6 7 8 9 2 3 4 5 6 7 8 9 10 cational Levels/Illetrate/Below Primary	2 3 4 5 6 7 8 9 10 11 cational Levels/Illetrate/Below Primary/Prim	1 2 3 4 5 6 7 8 9 10 11 2 3 4 5 6 7 8 9 10 11 12 cational Levels/Illetrate/Below Primary/Primary	1 2 3 4 5 6 7 8 9 10 11 12 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13 & above 2 3 4 5 6 7 8 9 10 11 12 13 14 cational Levels/Illetrate/Below Primary/Primary but below Materials	1 2 3 4 5 6 7 8 9 10 11 12 13 & Not above Stated 2 3 4 5 6 7 8 9 10 11 12 13 14 15 cational Levels/Illetrate/Below Primary/Primary but below Matric/Matric

All Educational Level also includes the education level not stated.

Table B-13 (See Rule 15)

Live Births by Age of the Mother and Birth Order for each Level of Education of the Mother

Urban															
Age of								Bi	rth Oı	der					Total
Mother	1	2	3	4	5	6	7	8	9	10	11	12	13 &	Not	
													above	Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
All Ed	lucat	iona	1 Le	vels	Illet	rate/	Belo	ow P	rimar	y/Pri	nary	but be	elow Mat	ric/Matri	e but
					be	low	Grac	duate	e/Grac	luate	& abo	ove			
Below															
15															
15-19															
20-24															
25-29															
30-34															
35-39															
40-44															
45 &															
above															
Not															
stated															
Total															

All Educational Level also includes the education level not stated.

Table B-14 (See Rule 15)

Live Births by Age of the Mother, Birth Order and Religion of the Family (Rural)

Age of								В	irth Oı	rder					Total
Mother	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		Al	l rel	igion	s*/I	Hine	dus/	Mu	slims/	Christ	ians/S	ikhs/C	Others**		
Below 15															
15-19															
20-24															
25-29															
30-34															
35-39															
40-44															
45 & above															
Not stated															
Total															

* : Religion not stated have been included in "All religions".

** : Minor religious groups have been combined under "Others".

Table B-15 (See Rule 15)

Live Births by Age of the Mother, Birth Order and Religion of the Family (Urban)

Age of]	Birth (Order					Total
Mother	1	2	3	4	5	6	7	8	9	10	11	12	13 &	Not	
													above	Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		Α	11 r	elig	gions	s*/Hi	ndus	s/Mı	ıslims	/Chri	stians	/Sikhs	Others*	*	
Below 15															
15-19															
20-24															
25-29															
30-34															
35-39															
40-44															
45 &															
above															
Not															
stated															
Total															

* : Religion not stated have been included in "All religions".

: Minor religious groups have been combined under "Others".

Table B-16 (See Rule 15)

Live Births by Occupation of the Father and Birth Order (Rural & Urban)

Occupation of								Bir	th Or	der					Total
Father	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				All	Area	as/R	ural	Are	as/U	rban .	Areas	S			
Professional, Technical and Related workers															
Administrative Executive and Managerial workers															
Clerical and Related workers															
Sales workers															
Service workers															
Farmers, Fishermen, Hunters, Loggers etc. and Related workers															
Production and other related workers, Transport Equipment Operators and Labourers															
Workers whose Occupation are not elsewhere classified															
Non-Workers															
Total															

Table B-17 (See Rule 15)

Live Births by Occupation of the Mother and Birth Order (Rural & Urban)

Occupation of									Birth	Ordei	•				Total
Father	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				Al	1 A	rea	s/R	ural	Areas	/Urba	ın Are	as			
Professional, Technical and Related workers															
Administrative Executive and Managerial workers															
Clerical and Related workers															
Sales workers															
Service workers															
Farmers, Fishermen, Hunters, Loggers etc. and Related workers															
Production and other related workers, Transport Equipment Operators and Labourers															
Workers whose Occupation are not elsewhere classified															
Non-Workers															
Total															

Table B-18 (See Rule 15)

Live Births by Duration of Marriage of the Mother and Birth Order (Rural & Urban)

Duration of								В	irth C	rder					Total
Marriage (in years)	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				A	1 11 /	Area	s/Rı	ural .	Areas	/Urb	an A	reas			
0-4															
5-9															
10-14															
15-19															
20-24															
25-29															
30 & above															
Not stated															
Total															

Table B-19 (See Rule 15)

Live Births by Duration of Marriage and Age of the Mother (Rural & Urban)

Duration of				Age	of Moth	ner				Total
Marriage	Below 15	15-19	20-24	25- 29	30- 34	35- 39	40- 44	45 & above	Not Stated	
1	2	3	4	5	6	7	8	9	10	11
		A	All Areas	Rural A	Areas/U	rban A	reas			
0-4										
5-9										
10-14										
15-19										
20-24										
25-29										
30 & above										
Not stated										
Total										

Table B-20
(See Rule 15)
Live Births by Duration of Pregnancy and Birth Weight (Rural & Urban)

Duration					Biı	th We	eight (i	n kgs)				
of Pregnancy		ess tha 1.500		1.5	00-2.0	000	2.0	00-3.0	000	3.0	000-4.0	00
(in weeks)	R	U	T	R	U	T	R	U	T	R	U	T
1	2	3	4	5	6	7	8	9	10	11	12	13
<32												
32-36												
37-39												
40												
41+												
Not Stated												
Total												

Duration of		Bi	rth Weig	ht (in K	gs)			Total	
Pregnancy		4.000+		N	Not State	d			
(in weeks)	R	U	T	R	U	T	R	U	T
1	14	15	16	17	18	19	20	21	22
<32									
32-36									
37-39									
40									
41+									
Not Stated									
Total									

Table B-21 (See Rule 15)

Live Births by age of Mother and Birth Weight (Rural & Urban)

Age of		Birth Weight (in kgs)										
Mother	I	ess th		1.5	00-2.0	000	2.0	00-3.0	000	3.0	000-4.0	00
	R	U	Т	R	U	T	R	U	Т	R	U	T
1	2	3	4	5	6	7	8	9	10	11	12	13
Below 15												
15-19												
20-24												
25-29												
30-34												
35-39												
40-44												
45 & above												
Not Stated												
Total												

Age of				Birth	Weight ((in Kgs)			
Mother		4.000+	,	N	Not State	d		Total	
	R	U	T	R	U	Т	R	U	T
1	14	15	16	17	18	19	20	21	22
Below 15									
15-19									
20-24									
25-29									
30-34									
35-39									
40-44									
45 & above									
Not Stated									
Total									

Table B-22 (*See Rule 15*)

Live Births by Birth Order and Birth Weight (Rural & Urban)

Birth	Birth Weight (in kgs)											
Order	L	ess th: 1.500		1.5	00-2.0	000	2.0	000-3.0	000	3.0	000-4.0	00
	R	U	T	R	U	T	R	U	T	R	U	T
1	2	3	4	5	6	7	8	9	10	11	12	13
1												
2												
3												
4												
5												
6												
7												
8												
9												
10 & Above												
Not Stated												
Total												

Birth		Bi	rth Weig	ht (in K	gs)			Total	
Order		4.000+		1	Not State	d			
	R	U	T	R	U	T	R	U	T
1	14	15	16	17	18	19	20	21	22
1									
2									
3									
4									
5									
6									
7									
8									
9									
10 & Above									
Not Stated				_					
Total									

Table B-23 (See Rule 15)

Live Births by Method of Delivery and Age of the Mother (Rural & Urban)

Method				Ag	e of Mo	other				Total
of Delivery	Below 15	15- 19	20- 24	25- 29	30- 34	35- 39	40- 44	45 & above	Not stated	
1	2	3	4	5	6	7	8	9	10	11
		I	All Area	ıs/Rural	Areas/	Urban A	Areas			
Natural										
Caesarean										
Forceps/ Vacuum										
Not Stated										
Total										

Table D-1 (See Rule 15)

Death by Place of Occurrence, Districts (Rural & Urban) and Towns with Population One Lakh and above.

Sl.	District	Dea	th by place	of	Place of r	esidence of	Place of
No.		C	ccurrence		Dec	eased	residence Out
							side the State
		M	F	T	Within	Outside	
					the area the Area		
1	2	3	4	5	6	7	8
1.	District-1						
	R						
	U						
	T						
2.	District-2						
	R						
	U						
	T						
	State Total						
	R						
	U						
	T						

Table D-2 (See Rule 15)

Death by Place of Residence, Districts (Rural & Urban) and Towns with Population one Lakh and above.

Sl. No.	District		hs by plac Residence		Death Rate	Place of	Occurrence of the Birth
		M	F	T		Within the area	Outside the Area
1	2	3	4	5	6	7	8
1.	District-1						
	R						
	U						
	Т						
	Town-1						
	Town-2						
2.	District-2						
	R						
	U						
	T						
	State Total						
	R						
	U						
	Т						

Table D-3 (See Rule 15)

Time Gap in Registration of Deaths (Rural & Urban)

S1.	District				Ru	ıral					
No.				Num	ber of Dea	aths Regi	istered				
		Wi	ithin		Ι	Delayed F	Registratio	n			
			Prescribed Time Within 30 days After 30 days After 1 year Limit but Within 1 year								
			year								
		Male	Female	Male	Female	Male	Female	Male	Female		
1	2	3	4	5	6	7	8	9	10		
	State Total										

Sl.	District				Urb	an			
No.				Num	ber of Dea	ths Reg	istered		
		Wi	thin		D	elayed F	Registration	n	
			ed Time mit	Within	30 days		30 days Vithin 1	After	1 year
						У	ear		
		Male	Female	Male	Female	Male	Female	Male	Female
1	2	3	4	5	6	7	8	9	10
	G								
	State Total								

Table D-4 (See Rule 15)

Deaths by Sex and Month of Occurrence

	District	Sex						Mo	nths						Total
No.			Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		M													
		F													
		Т													
	State	M													
	Total	F													
		T													

Table D-5 (See Rule 15)

Deaths By Type of Attention at Death (Rural & Urban)

Rural/Urban		Type of Attention	n at Death	
	Institutional	Medical Attention other than Institution	No Medical Attention	Total
1	2	3	4	5
Rural				
Urban				
Town-1				
Town-2				
•				
Urban Total				
State Total				

Table D-6 (See Rule 15)

Deaths by Age, Sex and Religion of the Deceased (Rural & Urban)

Age	Religion of the Deceased								
		Hindus			Muslims			Christians	
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9	10
			All Are	as/Rural	Areas/Ur	ban Area	S		
Below 1 Year									
1-4									
5-14									
15-24									
25-34									
35-44									
45-54									
55-64									
65-69									
70 & above									
Age not stated									
Total									

Age	F	Religion of the Dec	eased		Total	
		Others*				
	Male	Female	Total	Male	Female	Total
	11	12	13	14	15	16
		All Area	as/Rural Area	s/Urban Ar	eas	
Below						
1 Year						
1-4						
5-14						
15-24						
25-34						
35-44						
45-54						
55-64						
65-69						
70 &						
above						
Age						
not						
stated						
Total						

• Minor religious group may be classified in to Others.

Table D-7 (See Rule 15)

Deaths by Age, Occupation and Sex (Rural)

On annuation of			by Ag	ι, στι				(Kura	11)		Total
Occupation of the deceased	Sex	1.0	1.5	25		of the			70.0	T A	Total
the deceased		10-	15-	25-	35-	45-	55-	65-	70 &	Age	
		14	24	34	44	54	64	69	above	not	
1	2	2	4	_	-	7	0	0	10	stated	10
1	2	3	4	5	6	7	8	9	10	11	12
Professional,	M										
Technical	F										
and Related											
workers											
	T										
Administrative	M										
Executive and	F										
Managerial											
workers											
	T										
Clerical and	M										
Related workers	F										
	T										
Sales workers	M										
	F										
	T										
Service workers	M										
Service workers	F										
	T										
Farmers,	M										
Fishermen,	F										
Hunters,	Г										
Loggers etc. and Related workers											
Related workers	T										
D 1 (1 1	T										
Production and	M										
other related	F										
workers,											
Transport											
Equipment											
Operators and											
Labourers											
	Т										
Workers whose	M										
Occupation are	F										
not elsewhere											
classified											
	T										
Non-Workers	M										
	F										
	T										
Total	M										
	F										
	T										
L										1	

Table D-8 (See Rule 15)

Deaths by Age, Occupation and Sex (Urban)

Ossessation of	C		3 Dy 11	50,00		on and					Total
Occupation of the deceased	sex		1.5	25		of the d			70.0		Total
the deceased		10- 14	15- 24	25- 34	35- 44	45- 54	55- 64	65- 69	70 & above	Age not	
		14	24	34	44	34	04	09	above	stated	
1	2	3	4	5	6	7	8	9	10	11	12
Professional,	M	3	+	3	0		0	9	10	11	12
Technical	F										
and Related	Р										
workers											
WOIKCIS	Т										
Administrative	M										
Executive and	F										
Managerial	1										
workers											
	T										
Clerical and	M										
Related	F										
workers											
	T										
Sales workers	M										
	F										
	T										
Service	M										
workers	F										
	T										
Farmers,	M										
Fishermen,	F										
Hunters,											
Loggers etc.											
and Related workers											
WOIKCIS	Т										
Production and	M										
other related	F										
workers,	1										
Transport											
Equipment											
Operators and											
Labourers	T.										
	T										
Workers	M										
whose Occupation	F										
are not											
elsewhere											
classified											
	T										
Non-Workers	M										
	F										
	Т										
Total	M										
	F										
	T										
1		•		•		•	•				

Table D-9

(See Rule 15)

Deaths by Age, Occupation and Sex (All Areas)

		Deaths	by Ag	e, Occı	ıpation	and S	ex (All	Areas)			
Occupation of	Sex				Age o	f the de	ceased				Total
the deceased		10- 14	15-24	25-34	35-44	45-54	55-64	65-69	70 & above	not	
	2		4	-		7	0	0	10	stated	10
1	2	3	4	5	6	7	8	9	10	11	12
Professional, Technical	M F										
and Related workers	r										
WOIKEIS	T										
Administrative	M										
Executive and	F										
Managerial workers	1										
	Т										
Clerical and	M										
Related	F										
workers											
	T										
Sales workers	M										
	F										
	T										
Service	M										
workers	F										
	T										
Farmers,	M										
Fishermen,	F										
Hunters, Loggers etc.											
and Related											
workers											
,, orners	Т										
Production	M										
and other	F										
related											
workers,											
Transport											
Equipment Operators and											
Labourers											
Luodurers	T										
Workers	M										
whose	F										
Occupation	_										
are not											
elsewhere											
classified											
), II, I	T										
Non-Workers	M										
	F										
T 1	T										
Total	M F										
	T										

Table D-10 (See Rule 15)

Deaths by Cause of Death, Age and Sex for all Deaths Medically Certified or Not

Sl.	Cause	Sex					Age	of D	eceas	ed				Total
No.	of Death		Below 1 year	1- 4	5- 14	15- 24	25- 34	35- 44	45- 54	55- 64	65- 69	70 and above	Age not stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		M												
		F												
		Т												
	Total	M												
		F												
		T												

Table D-11 (See Rule 15)

Deaths by Cause of Death, Age and Sex for Medically Certified Deaths

Sl.	Cause	Sex		Age of Deceased										Total
No.	of Death		Below 1 year	1- 4	5- 14	15- 24	25- 34	35- 44	45- 54	55- 64	65- 69	70 and above	Age not stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		M												
		F												
		Т												
	Total	M												
		F												
		T												

Table D-12 (See Rule 15)

Infant Deaths by Place of Occurrence, Districts (Rural & Urban) and Towns with Population One Lakh and above.

Sl.	District		Deaths			Place of R		Place of Residence
No.			of Occ	curance	•	of Mother	•	out side of State
			M	F	T	Within	Outside	
						the Area	the Area	
1	2		3	4	5	6	7	8
1	District-1	R						
		U						
		T						
	Town −1							
	Town-2							
2	District-2	R						
		U						
		T						
	Town-1							
	Town-2							
	State Total	R						
		U						
		T						

Table D-13 (See Rule 15)

Infant Deaths by Place of Residence, Districts (Rural & Urban) and Towns with Population One Lakh and above.

S1.	District	Death	s by Pl	ace of	Infant Mortality	Place of O	ccurrence
No.		Reside	nce of l	Mother	Rate		
		M	F	T		Within	Outside
						the Area	the Area
1	2	3	4	5	6	7	8
1	District-1						
	R						
	U						
	T						
	Town-1						
	Town-2						
2	District-2						
	R						
	U						
	T						
	Town-1						
	Town-2						
	State Total						
	R						
	U						
	T						

Table D-14 (See Rule 15)

Infant Deaths by Age and Sex (Rural & Urban)

Sl. No.	Age		Rural			Urban			All Areas	
		Male	Female	Total	Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9	10	11
1	7 days									
2	7 days- 28 days									
3	28 days- 1 year									
4	Age not stated									
	Total									

Table D-15 (See Rule 15)

Pregnancy Related Deaths by Age Group of the Deceased and Cause of Death For Medically Certified Deaths (Rural & Urban)

Cause				Age	of Decea	sed				Total
of Death	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 & above	Not Stated	
1	2	3	4	5	6	7	8	9	10	11
			All Ar	eas/Rura	al Areas/U	Urban A	reas			
Total										

Table D-16 (See Rule 15)

Pregnancy Related Deaths by Age Group of the Deceased and Cause of Death For all Deaths Medically Certified or not Deaths (Rural & Urban)

Cause											
of Death.	Below 15	15- 19	20- 24	25- 29	30- 34	35-39	40- 44	45 & above	Not stated		
1	2	3	4	5	6	7	8	9	10	11	
			All .	Areas/R	tural Ar	eas/Urba	an Area	S			
Total											

Table D-17 (See Rule 15) Pregnancy related Deaths by Age and Level of Education (Rural & Urban)

Age			Level of I	Education			Total
	Illiterate	Below Primary	Primary but Below Matric	Matric but Below Graduate	Graduate & above	Not stated	
1	2	3	4	5	6	7	8
Below 15							
15-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45 & above							
Age not stated							
Total	-				-		

Table D-18 (See Rule 15)

Pregnancy Related Deaths by Age and occupation (Rural & Urban)

Occupation of the Deceased		Age of the Deceased								
Beccased	Below 15	15- 19	20- 24	25- 29	30- 34	35- 39	40- 44	45 and above	Not Stated	
	All	Area	s/Rura	ıl Area	ıs/Urb	an Are	eas			
Professional, Technical and Related workers										
Administrative Executive and Managerial workers										
Clerical and Related workers										
Sales workers										
Service workers										
Farmers, Fishermen, Hunters, Loggers etc. and Related workers										
Production and other related workers, Transport Equipment Operators and Labourers										
Workers whose Occupation are not elsewhere classified										
Non-Workers										
Total										

Table D-19 (See Rule 15)

Deaths by Selected Cause of Death, Age, Sex and Habit (Rural)

Sl. No.	Selected Cause of	Sex				A	.ge Gr	oup				Total
NO.	Death		Below 15	15- 24	25- 34	35- 44	45- 54	55- 64	65- 69	70 and above	Age not stated	
1	2	3	4	5	6	7	8	9	10	11	12	13
		M F T	Only Drand C Alcohol Chewing Drinking	rinkin hewir /Chew g Tob g Alo /Chew	g Alcording Aring according Tring Tr	ohol/S Arecan Areca and A Smoki	mokinut/Cho nut recant ing, (ng and and ut/Smo	d Che Tol Drink oking, ng A	wing Tobacco ing Al Chewir crecanut	wing Arebacco/Si and Di cohol/Sn ag Tobac and Di ng Alco	moking rinking noking, co and rinking

Table D-20 (See Rule 15)

Deaths by Selected Cause of Death, Age, Sex and Habit (Urban)

Sl. No.	Selected Cause of	Sex				A	ge Gr	oup				Total
No.	Death		Below 15	15- 24	25- 34	35- 44	45- 54	55- 64	65- 69	70 and above	Age not stated	
1	2	3	4	5	6	7	8	9	10	11	12	13
		M F T	Only Drand Check Tobacco Alcohol Chewing	ewing an /Chew g Tob g Alo /Chew	g Alco Areca d Aving acco a cohol/	ohol/Sanut/S recant Areca and A Smoki	Smokin mokir unt/Ch unut recant ing, (ng and ewing and and at/Smo	d Che d Dri g To Drink oking, ng A	wing Tonking A bacco Al Chewirecanut	wing Ar bbacco/Si lcohol/C and D cohol/Sn ag Tobac and D ng Alco	moking hewing rinking noking, co and rinking

Table D-21

(See Rule 15)

Deaths by Selected Cause of Death, Age, Sex and Habit (Rural & Urban)

Sl.	Selected	Sex				A	ge Gr	oup				Total
No.	Cause of Death		Below 15	15- 24	25- 34	35- 44	45- 54	55- 64	65- 69	70 and above	Age not stated	
1	2	3	4	5	6	7	8	9	10	11	12	13
		M F T	Only Drand Check Tobacco Alcohol Chewing	rinking ewing o an /Chew g Tob g Alo /Chew	g Alco Areca d Areca ving acco a cohol/ving	ohol/Sanut/S recant Areca and A Smoki	moking moking moking moking moking moking moking	ng and and chewing and chewing chewing chewing chewing and chewing chewing chewing chewing chewing chewing and chewing	d Che d Dri g To Drink oking, ng A	wing Tonking A bacco ing Al Chewing recanut	wing Ardibacco/Sideohol/Cland Decohol/Snag Tobacand Dang Alco	moking hewing rinking noking, co and rinking

Table S-1 (See Rule 15)

Still Births by Place of Occurrence in Districts (Rural & Urban)

Sl. No.	District		ll Births Place o ccurren	f	Place of Re Mot		Place of Residence Outside the
		M	F	Т	Within the Area	Outside the Area	State
1	2	3	4	5	6	7	8
	District-1 District-2						
	State Total R U T						

Table S-2 (See Rule 15)

Still Births by Place of Residence in Districts (Rural & Urban)

Sl. No.	District		eirths by Place desidence of Mother		Still Birth Rate	Place of Occurrence of Sti Birth	
		М	F	Т		Within the Area	Outside the Area
1	2	3	4	5	6	7	8
	District-1 District-2						
	State Total						
	R						
	U						
	T						

Table S-3 (See Rule 15)

Still Births by Sex and Age of the Mother (Rural & Urban)

Age of					Still Births	3			
the Mother	I	Rural Area	S	J	Jrban Area	ıs		All Areas	
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9	10
Below 15 years									
15-19									
20-24									
25-29									
30-34									
35-39									
40-44									
45 & above									
Age not stated									
Total									

Table S-4 (See Rule 15)

Still Births by Sex and Duration of Pregnancy (Rural & Urban)

Duration of					Still Birth	ıS				
Pregnancy (in weeks)	Rural Areas			J	Jrban Area	ıs	All Areas			
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
1	2	3	4	5	6	7	8	9	10	
<32										
32-36										
37-39										
40										
40+										
Not Stated										
Total										

Table S-5 (See Rule 15)

Still Births by Type of Medical Attention Received at Delivery (Rural & Urban)

Rural/Urban	Type of Attention at Delivery								
	Institu Government	Private and Non- Government	Doctor, Nurse and Trained Midwife	Traditional Birth Attendant	Relatives and others	Not stated			
1	2	3	4	5	6	7	8		
Rural									
Urban									
(i) Towns wi	(i) Towns with population one lakh and above								
Town- 1 Town-2									
(ii) All Other Urban areas									
Urban Total									
State Total									

Table S-6 (See Rule 15)

Live Births by Duration of Marriage and Age of the Mother (Rural & Urban)

Sl. Cause of No. Still Births	Cause of	Age of Mother								Total	
	Below 15	15-19	20-24	25- 29	30- 34	35- 39	40- 44	45 & above	Not stated		
1	2	3	4	5	6	7	8	9	10	11	12
	Rural Areas/Urban Areas/All Areas										
	Total										
	Total										

Table S-7 (See Rule 15)

Still Births by Cause of Still Births and Age of the Mother (Rural & Urban)

Sl. Age of the	Duration of Pregnancy (in weeks)									
No.	No. Mother	Below 32	32-36	37-39	40	40+	Not stated			
1	2	3	4	5	6	7	8	9		
	Rural Areas/Urban Areas/All Areas									
Total										