



THE JAMMU AND KASHMIR OFFICIAL GAZETTE

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Separate paging is given to this part in order that it may be filed
as a separate compilation.

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.

6. Birth or death in a vehicle under section 8 (1) (f).—(1) In 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.

7. 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.

8. 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

- (b) In case where the registration had been made after the 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 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 provisions 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 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 first year for which the search is made. | Rs. 2.00 (Two Rupees) |
|---|-----------------------|

- | | | |
|--|----------|---------------|
| (b) For every additional year for which the search is continued. | Rs. 2.00 | (Two Rupees) |
| (c) For granting extract relating to each birth or death. | Rs. 5.00 | (Five Rupees) |
| (d) For granting non-availability Certificate of Birth or Death. | Rs. 2.00 | (Two Rupees) |

(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 10th 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) Notwithstanding 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	Title 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.

FORM NO. 1

(See Rule 5)

BIRTH REPORT

Legal Information

This part to be added to the Birth Register

<i>To be filled by the informant</i>												<i>To be detached and sent for statistical processing.</i>												
1. Date of Birth : <i>(Enter the exact day, month and year the child was born e.g. 1-1-2000)</i>																								
2. Sex : <i>(Enter "Male", "Female", Transgender) (do not use abbreviation)</i>																								
3. Name of the child, if any: <i>(if not named leave blank)</i>																								
4. Name of the father: <i>(Full name as usually written)</i> UID No. of Father (if any)																								
<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
5. Name of the mother: <i>(Full name as usually written)</i> UID No. of mother (if any)																								
<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																								
6. Address of parents at the time of Birth of the Child																								
7. Permanent address of parents:																								
8. Place of birth : <i>(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)</i>																								
1. Hospital/ Institution Name:																								
2. House Address																								
9. Informant's name: Address : <i>(After completing all columns 1 to 22, Informant will put date and signature here)</i>																								
Date: Signature of left thumb mark of the Informant																								
<i>To be filled by the Registrar</i>																								
Registration No. Registration Date																								
Registration Unit																								
Town/Village District																								
Remarks (if any) Name and Signature of the Registrar																								

FORM NO. 1

(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.

10.	<i>To be filled by the informant</i> 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: <i>(Tick the appropriate entry below)</i> 1. Town 2. Village c) Name of the District: d) Name of the State:	16.	<i>To be filled by the informant</i> Age of the mother (in completed years) at the time of marriage : (If married more than once, age at first marriage may be entered)
11.	Religion of the Family: <i>(Tick the appropriate entry below)</i> 1. Hindu 2. Muslim 3. Christian 4. Any other Religion : <i>(Write Name of the Religion)</i>	17.	Age of the mother (in completed years) at the time of this birth : 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 :
12.	Father's level of Education : <i>(Enter the completed level of education e.g. If studies upto class VII but passed only class VI, write class VI)</i>	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)
13.	Mother's level of Education : <i>(Enter the completed level of education e.g. If studies upto class VII but passed only class VI, write class VI)</i>	19.	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
14.	Father's Occupation : <i>(If no occupation, write 'Nil')</i>	20.	Method of Delivery : (Tick the appropriate entry below) 1. Natural 2. Caesarean 3. Forceps/Vacuum
15.	Mother's Occupation : <i>(If no occupation, write 'Nil')</i>	21.	Birth Weight (in kgs.) (if applicable)
		22.	Duration of Pregnancy (in weeks)
		(Columns to be filled are over. Now put Signature at left)	
<i>To be filled by the Registrar</i>			
	Name District: Tehsil : Town/Village : Registration Unit :	Code No.	Registration No. Registration Date: Date of Birth Sex 1. Male 2. Female Place of Birth 1. Hospital/Institution 2. House 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

<p><i>To be filled by the informant</i></p> <p>1. Date of Birth : <i>(If Known, write exact otherwise record the date of birth as ascertained by the Magistrate)</i></p> <p>2. Sex : <i>(Enter "Male, "Female, Transgender)</i> <i>(do not use abbreviation)</i></p> <p>3. Name of the child : <i>(if name is changed on adoption, write new name)</i></p> <p>4. Name of the mother: (If known) UID No. of mother (if any) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>5. Name of the father: (If known) UID No. of Father (if any) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>6. Date and number of adoption deed/order</p> <p>7. Name of the adoptive mother: UID No. of adoptive mother (if any) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>8. Name of the adoptive father: UID No. of adoptive father (if any) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>9. Address of adoptive parents as recorded in Adoption deed.</p> <p>10. Permanent address of adoptive parents:</p> <p>11. Place of birth :</p> <p>12. If adoption through agency, write the place and address of the adoption agency</p> <p>13. Informant's name and address: <i>(After completing all columns 1 to 18 informant will put date and signature here.)</i></p> <ul style="list-style-type: none">• <i>As contained in the original birth certificate.</i> <p>Date: _____ Signature or left thumb mark of the informant. _____</p>																																																																										<p>To be detached and sent for statistical processing (Not to be filled for birth already registered)</p>
<p><i>To be filled by the Registrar</i></p> <table><tr><td>Registration No.</td><td>Registration Date</td></tr><tr><td>Registration Unit</td><td></td></tr><tr><td>Town/Village</td><td>District</td></tr><tr><td>Remarks (if any)</td><td>Name and Signature of the Registrar</td></tr></table>		Registration No.	Registration Date	Registration Unit		Town/Village	District	Remarks (if any)	Name and Signature of the Registrar																																																																	
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FORM NO. 1-A
BIRTH REPORT FOR ADOPTED CHILD
Statistical Information

This part to be detached and sent for statistical processing

<i>To be filled by the informant</i>			
14.	Religion of the adoptive Father : <i>(Tick the appropriate entry below)</i> 1. Hindu 2. Muslim 3. Christian		
15.	Adoptive Father's level of Education : <i>(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</i>		
16.	Adoptive Mother's level of Education : <i>(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</i>		
17.	Adoptive Father's Occupation : <i>(If no occupation, write 'Nil')</i>		
18.	Adoptive Mother's Occupation : <i>(If no occupation, write 'Nil')</i>		
Columns to be filled are over. Now put signature at left.			
<i>To be filled by the Registrar</i>			
Name District: Tehsil : Town/Village : Registration Unit :	Code No.	Registration No. Date of Birth Sex 1. Male 2. Female Place of Birth : Name and Signature of the Registrar	Registration Date:

Name and Signature of the Registrar

	<i>To be filled by the informant</i>		<i>To be filled by the informant</i>
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 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. Village c) Name of the District: d) Name of the State:	15.	Was the cause of death medically certified? : (Tick the appropriate entry below) 1. Yes 2. No
12.	Religion: (Tick the appropriate entry below):— 1. Hindu 2. Muslim 3. Christian 4. Any other Religion : (<i>Write Name of the Religion</i>)	16.	Name of the Disease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not)
13.	Occupation of the deceased: (<i>If no occupation, write 'Nil'</i>)	17.	In case of 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
14.	Type of medical attention received before death : (Tick the appropriate entry below) 1. Institutional 2. Medical attention other than Institution 3. No medical attention	18.	If used to habitual smoke, for how many years ?
		19.	If used to habitual chew Tobacco in any form, for how many years ?
		20.	If used to habitual chew arecanut in any form, (including pan masala), for how many years?
		21.	If used to habitual drink alcohol, for how many years?
		<i>(Columns to be filled are over. Now put signature at left)</i>	
	Name : Code No. : District: Tehsil : Town/Village : Registration Unit :	<i>To be filled by the Registrar</i> Registration No. Registration Date: Date of Death Sex 1. Male 2. Female Age Years/month/days/hours Place of Dath 1. Hospital/Institution 2. House 3. Other place Name and Signature of the Registrar	

FORM NO. 3
(See Rule 5)
STILL BIRTH REPORT
Legal Information
This part to be added to the Birth Register

<p style="text-align: center;"><i>To be filled by the informant</i></p> <p>1. Date of Birth : <i>(Enter the exact day, month and year e.g. 1-1-2000)</i></p> <p>2. Sex : <i>(Enter "Male", "Female" or Transgender)</i> <i>(Do not use abbreviation)</i></p> <p>3. Name of the father: <i>(Full name as usually written)</i> UID No. of Father (if any) <table border="1" style="width: 100%; height: 1.2em; border-collapse: collapse;"></table></p> <p>4. Name of the mother: <i>(Full name as usually written)</i> UID No. of mother (if any) <table border="1" style="width: 100%; height: 1.2em; border-collapse: collapse;"></table></p> <p>5. Place of birth : <i>(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)</i></p> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">1. Hospital/ Institution</div><div style="width: 45%;">Name:</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">2. House</div><div style="width: 45%;">Address</div></div> <p>6. Informant's name: Address :</p> <p style="text-align: center;"><i>(After completing all columns 1 to 12, informant will put date and signature here)</i></p>	To be detached and sent for statistical processing.
<div style="display: flex; justify-content: space-between;"><div>Date:</div><div>Signature or left thumb mark of the Informant</div></div>	
<p style="text-align: center;"><i>To be filled by the Registrar</i></p> <div style="display: flex; justify-content: space-between;"><div>Registration No</div><div>Registration Date</div></div> <div style="display: flex; justify-content: space-between;"><div>Registration Unit</div><div></div></div> <div style="display: flex; justify-content: space-between;"><div>Town/Village</div><div>District</div></div> <div style="display: flex; justify-content: space-between;"><div>Remarks (if any)</div><div></div></div> <p style="text-align: right; margin-top: 20px;">Name and Signature of the Registrar</p>	

<p>FORM NO. 3 <i>(See Rule 5)</i> STILL BIRTH REPORT Statistical Information <i>This part to be detached and sent for statistical processing</i></p>	<p>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.</p>	
<p><i>To be filled by the informant</i></p>		
<p>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.)</p> <p>a) Name of the Town/Village:</p> <p>b) Is it a Town or Village: <i>(Tick the appropriate entry below)</i></p> <p style="margin-left: 40px;">1. Town 2. Village</p> <p>c) Name of the District:</p> <p>d) Name of the State:</p> <p>8. Age of the mother (in completed years) at the time of this birth</p> <p>9. Mother's level of Education :</p> <p style="margin-left: 40px;"><i>(Enter the completed level of education e.g. If studies upto class VII but passed only class VI, write class VI)</i></p> <p>10. Type of attention at delivery : (Tick the appropriate entry below)</p> <p style="margin-left: 40px;">1. Institutional-Government</p> <p style="margin-left: 40px;">2. Institutional-Private or Non-Government</p> <p style="margin-left: 40px;">3. Doctor, Nurse or Trained Midwife</p> <p style="margin-left: 40px;">4. Traditional Birth Attendant</p> <p style="margin-left: 40px;">5. Relatives or others</p> <p>11. Duration of Pregnancy (in weeks)</p> <p>12. Cause of foetal death : (if known)</p>		
<p>(Columns to be filled are over. Now put signature at left)</p>		
	<p>Name : Code No. :</p> <p>District:</p> <p>Tehsil :</p> <p>Town/Village :</p> <p>Registration Unit :</p>	<p style="text-align: center;"><i>To be filled by the Registrar</i></p> <p>Registration No.</p> <p>Registration Date:</p> <p>Date of Birth</p> <p>Sex : 1. Male 2. Female</p> <p>Place of Birth 1. Hospital/Institution 2. House</p> <p style="text-align: center;">Name and Signature of the Registrar</p>

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)

Name of the Hospital.....

I hereby certify that the person whose particulars are given below died in the hospital in Ward No.....on.....atA.M./P.M.

NAME OF THE DECEASED					For use of Statistical Office
Sex	Age at Death				
	If 1 year or more (age in years)	If less than 1 year (age in months)	If less than 1 month (age in days)	If less than one day (age in hours)	
1. Male 2. Female					
<p style="text-align: center;"><u>CAUSE OF DEATH</u></p> <p>I</p> <p>Immediate cause (a) State the disease, injury due to (or as a consequences or Complication which of) causes death, not the mode of dying such as heart failure, asthenia etc.</p> <p>Antecedent cause (b) Morbid conditions, if due to (or as a consequences any, giving rise to the of) above cause, stating underlying conditions last.</p> <p>II</p> <p>Other significant (c) conditions contributing to the death but not related to the disease or condition causing it</p>					Interval between onset and death approx.

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 2. No

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

Date of verification.....

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt./Kum.....S/W/D of Shri.....
R/owas admitted to this Hospital.....
and expired on

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.....
Son/Wife/Daughter of
Resident ofwas under my treatment from
toand he/she died on..... at A.M/P.M.

NAME OF THE DECEASED					For use of Statistical Office
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	
1. Male 2. Female					
<p>CAUSE OF DEATH</p> <p>I Immediate cause (a) State the disease, injury due to (or as a consequences or Complication which of) caused death, not the mode of dying such as heart failure, asthenia etc.</p> <p>Antecedent cause (b) Morbid conditions, if due to (or as a consequences any, giving rise to the of) above cause, stating underlying conditions last</p> <p>II Other significant (c) conditions contributing to the death but not related to the disease or condition causing it</p>					Interval between onset and death approx.

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 REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt./Kum.....S/W/D of Shri.....
R/owas under my treatment from.....
to.....and he/she expired onat.....A.M./P.M.

Doctor.....
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 below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

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

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a), (b) and (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 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

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 Tehsil/Block.....of District.....
of State/Union Territory.....

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).....
12. 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

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 Tehsil/Block.....of District.....
of State/Union Territory.....

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. 9
(See Rule 12)

STILL BIRTH REPORT

Legal Information

This part to be added to the Still Birth Register

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 :											
(After completing all columns 1 to 12, Informant will put date and signature here)											
Date:						Signature of left thumb mark of the Informant					

To be filled by the Registrar	
Registration No.	Registration Date
Registration Unit :	
Town/Village :	District :
Remarks (if any)	
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)

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 (Tehsil)
..... of (District).....
of (State).....and found that the event relating to the
birth/death of son/daughter of was
not registered..

Date:

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. Details of Births Registered during the month:

Male	Female	Total 1+2
1	2	3

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

Signature & Name of the
Registrar

Dated:
Submitted to the 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 Infants & Child Deaths)			Infant Deaths (Age less than 1 years)			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 equal to the number of statistical part of Death Report Forms (Form No. 2) attached with this monthly report.

Signature & Name of the
Registrar

Dated:
Submitted to the 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. Details of Still Births Registered during the month:

Male	Female	Total 1+2
1	2	3

* Total should be equal to the number of statistical part of Still Birth Report Forms (Form No. 3) attached with this monthly report.

Signature & Name of the
Registrar

Dated:
Submitted to the District 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	Estimated Midyear Population	
		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	Estimated Mid year 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	Birth by place of occurrence			Place of residence of mother		Place of residence out side of the state
		M	F	T	Within the area	Outside the Area	
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	Birth by place of Residence of Mother			Birth Rate	Place of Occurrence of the Birth	
		M	F	T		Within the Area	Outside the Area
1	2	3	4	5		6	7
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-4
Live Births by Sex and Month of Occurrence

Sl. No.	District	Sex	Months												Total
			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						Total
	Institutional		Doctor, Nurse and Trained Midwife	Traditional Birth Attendant	Relatives and others	Not stated	
	Government	Private and Non-Government					
1	2	3	4	5	6	7	8
Rural							
Urban							
(i) Towns with population one lakh and above							
Town- 1							
Town-2							
(ii) All Other Urban areas							
Urban Total							
State 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 Mother	Birth Order														Total
	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
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 Mother	Level of Education of the Mother						Total
	Illiterate	Below Primary	Primary but Below Metric	Matric but Below Graduate	Graduate & above	Not stated	
1	2	3	4	5	6	7	8
All Areas/Rural Areas/Urban Area							
Below 15							
15-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45 & above							
Age 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

Rural

Age of Mother	Birth Order															Total
	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 Educational Levels/Illetrate/Below Primary/Primary but below Matric/Matric but below Graduate/Graduate & above																
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-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 Mother	Birth Order															Total
	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 Educational Levels/Illetrate/Below Primary/Primary but below Matric/Matric but below Graduate/Graduate & above																
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	Birth Order															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	
All religions*/Hindus/Muslims/Christians/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-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 & above	Not Stated		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
All religions*/Hindus/Muslims/Christians/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-20
(See Rule 15)

Live Births by Duration of Pregnancy and Birth Weight (Rural & Urban)

[illegible][illegible]

Table D-1
(See Rule 15)

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

Sl. No.	District	Death by place of occurrence			Place of residence of Deceased		Place of residence Out side the State
		M	F	T	Within the area	Outside 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	Deaths by place of 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						
	T						
	Town-1 Town-2						
2.	District-2						
	R						
	U						
	T						
	State Total						
	R						
	U						
	T						

Table D-3
(See Rule 15)

Time Gap in Registration of Deaths (Rural & Urban)

Sl. No.	District	Rural							
		Number of Deaths Registered							
		Within Prescribed Time Limit		Delayed Registration					
				Within 30 days		After 30 days but Within 1 year		After 1 year	
		Male	Female						
1	2	3	4	5	6	7	8	9	10
	State Total								

Sl. No.	District	Urban							
		Number of Deaths Registered							
		Within Prescribed Time Limit		Delayed Registration					
				Within 30 days		After 30 days but Within 1 year		After 1 year	
		Male	Female						
1	2	3	4	5	6	7	8	9	10
	State Total								

Table D-4
(See Rule 15)

Deaths by Sex and Month of Occurrence

Sl. No.	District	Sex	Months												Total
			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													
		T													
	State Total	M F T													

Table D-5
(See Rule 15)

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

Rural/Urban	Type of Attention 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 Areas/Rural Areas/Urban Areas									
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	Religion of the Deceased			Total		
	Others*					
	Male	Female	Total	Male	Female	Total
	11	12	13	14	15	16
All Areas/Rural Areas/Urban Areas						
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-8
(See Rule 15)

Deaths by Age, Occupation and Sex (Urban)

[illegible]

Table D-12
(See Rule 15)

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

Sl. No.	District	Deaths by Place of Occurance			Place of Residence of Mother		Place of Residence out side of State
		M	F	T	Within the Area	Outside 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.

Sl. No.	District	Deaths by Place of Residence of Mother			Infant Mortality Rate	Place of Occurrence	
		M	F	T		Within the Area	Outside 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-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.	Age of Deceased									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
All Areas/Rural Areas/Urban Areas										
Total										

Table D-17
(See Rule 15)

Pregnancy related Deaths by Age and Level of Education (Rural & Urban)

Age	Level of 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-21
(See Rule 15)

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

Sl. No.	Selected Cause of Death	Sex	Age Group									Total
			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 Smoking/Only Chewing Tobacco/Only Chewing Arecanut/ Only Drinking Alcohol/Smoking and Chewing Tobacco/Smoking and Chewing Arecanut/Smoking and Drinking Alcohol/Chewing Tobacco and Arecanut/Chewing Tobacco and Drinking Alcohol/Chewing Arecanut and Drinking Alcohol/Smoking, Chewing Tobacco and Arecanut/Smoking, Chewing Tobacco and Drinking Alcohol/Smoking, Chewing Arecanut and Drinking Alcohol/Chewing Tobacco, Arecanut and Drinking Alcohol/All Habit/Habit not Known.									

Table S-1
(See Rule 15)

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

Sl. No.	District	Still Births by Place of Occurrence			Place of Residence of Mother		Place of Residence Outside the State
		M	F	T	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-4
(See Rule 15)

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

Duration of Pregnancy (in weeks)	Still Births								
	Rural Areas			Urban Areas			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						Total
	Institutional		Doctor, Nurse and Trained Midwife	Traditional Birth Attendant	Relatives and others	Not stated	
	Government	Private and Non- Government					
1	2	3	4	5	6	7	8
Rural							
Urban							
(i) Towns with population one lakh and above							
Town- 1							
Town-2							
(ii) All Other Urban areas							
Urban Total							
State Total							

