

OFFICIAL GAZETTE



GOVERNMENT OF GOA

NOTES: No. 1. There are seven Extraordinary issues and two Supplements to the Official Gazette Series I No. 53 dated 30-3-2000 as follows:

- 1) Extraordinary dated 30-3-2000 from pages 769 to 772 regarding Notifications from Department of Panchayat Raj and Community Development and Department of Urban Development (Directorate of Municipal Administration).
 - 2) Extraordinary No. 2 dated 30-3-2000 from pages 773 to 776 regarding Notifications from Department of Finance (Revenue & Expenditure Division).
 - 3) Extraordinary No. 3 dated 31-3-2000 from pages 777 to 782 regarding Notifications from Department of Labour.
 - 4) Extraordinary No. 4 dated 31-3-2000 from pages 783 to 788 regarding Notifications from Department of General Administration, Department of Home (Home-General Division) and Department of Urban Development (Directorate of Municipal Administration).
 - 5) Supplement dated 31-3-2000 from pages 789 to 814 regarding Bills from Goa Legislature Secretariat.
 - 6) Supplement No. 2 dated 31-3-2000 from pages 815 to 834 regarding Bills from Goa Legislature Secretariat.
 - 7) Extraordinary No. 5 dated 31-3-2000 from pages 815 to 818 regarding Notification from Department of Law & Judiciary (Legal Affairs Division).
 - 8) Extraordinary No. 6 dated 31-3-2000 from pages 819 to 824 regarding Notifications from Department of Finance (Revenue & Expenditure Division).
 - 9) Extraordinary No. 7 dated 1-4-2000 from pages 825 to 826 regarding Notification from Department of Law & Judiciary (Legal Affairs Division).
- No. 2. The page Nos. of the above Extraordinaries 5, 6 and 7 dated 31-3-2000, 31-3-2000 and 1-4-2000 respectively may be corrected as 835 to 838 instead of 815 to 818; 839 to 844 instead of 819 to 824 and 845 to 846 instead of 825 to 826 respectively.

GOVERNMENT OF GOA

Department of Planning

Directorate of Planning, Statistics & Evaluation

Notification

DPSE/RBD/RULES-1999

In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (18

of 1969) and in supersession of the Government Notification No.4-4/70 PLG dated 21-12-1970, published in Government Gazette (Series I No. 40) dated 31-12-1970, the Government of Goa, with the approval of the Central Government, hereby makes the following rules, namely:—

1. **Short title and commencement:**— (a) These rules may be called the Goa Registration of Births and Deaths Rules, 1999, and they shall come into force with effect from 1-1-2000 through notification in the Official Gazette.

2. **Definitions** — In these rules, unless the context otherwise requires, —

(a) "Act" means the Registration of Births and Deaths 1969, (Central Act 18 of 1969);

(b) "Form" means a Form appended to these rules;

(c) "Government" means the Government of Goa; and

(d) "Sections" 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 form as appended to these Rules and shall be submitted alongwith 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** — (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 Nos. 1, 2 and 3 for the registration of a birth, death and still birth respectively, hereinafter to be collectively called the reporting forms. Information, if given orally, shall be entered by the Registrar in the appropriate reporting forms, and the signature/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, as the case may be.

6. Birth or Death in a vehicle — (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 anykind used on land, air or water and includes an aircraft, a boat, a ship, a railway carriage, a motor car, a motor cycle, a cart, a tonga and a rickshaw.

(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 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 births and deaths, forward all such certificates to the Chief Registrar or the officer specified by him in this behalf, by the 10th of the month immediately following the month to which the certificates relate.

8. 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 Government under sub-section (2) of the said section, the person so specified shall transmit the extracts received from the Registrar of Births and Deaths to the concerned head of the house or house hold, 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 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, as the case may be.

(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 incharge 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 therefor — (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 rupee 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 specified 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, can be registered only on an order of a Magistrate of the First Class 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 has been registered without a name, a parent or guardian of such child shall, within 12 months from the date of registration of the birth of child, give information regarding the name of the child to the Registrar either orally or in writing:

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

(i) in case where the registration had been made prior to the date of commencement of the Goa, Daman and Diu Registration of Births and Deaths (Amendment) Rules, 1984, from such date, or

(ii) in case where the registration is made after the date of commencement of the Goa, Daman and Diu Registration of Births and Deaths (Amendment) Rules, 1984, 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, forth with 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 late of rupees five.

(2) The parent or 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 — (1) If it is reported to the Registrar that the 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 satisfy 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 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 his possession, the Registrar shall make report to the 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 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 declaration setting forth the nature of the error and true facts of the case made by two credible persons having knowledge of the facts of the case.

(5) Notwithstanding anything contained in sub-rule (1) or sub-rule (4), the Registrar shall make report of any correction of the kind referred to therein giving necessary details to the 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 authorised by the Chief Registrar by general or special order in this behalf under section 25 and on hearing from him, take necessary action in the matter.

(7) In every case in which an entry is corrected or cancelled under this rule, intimation thereof should be sent to the permanent address of the person who has given information under section 8 or section 9.

12. Form of register under Section 16 — The legal part of the 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, and extract or a non-availability certificate to be issued under section 17, shall be as follows:

	Rs.
(a) Search for a single entry in the first year for which the search is made	2.00
(b) For every additional year for which the search is continued	2.00
(c) For granting extract relating to each Birth or Death	5.00
(d) For granting non-availability certificate of Birth or Death	2.00

(2) Any such extract in regard to a birth or death shall be issued by the Registrar or the officer authorised 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 extracts 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 19 (2) — The statistical report under sub-section (2) of section 19 shall contain the tables in the formats specified or appended to

these rules and shall be compiled for each year before 31st July of the year immediately following and shall be published as soon as may be thereafter but in any case not later than 5 months from that date.

16. Conditions for compounding offences — (1) Any offence punishable under section 23 may, either before or after the institution of criminal proceedings under this Act, be compounded by an officer authorised by the Chief Registrar by a general or special order in this behalf, if the officer so authorised is satisfied that the offence was committed through inadvertence or oversight or for the first time.

(2) Any such offence may be compounded on payment of such sum, not exceeding rupees fifty for offences under sub-sections (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, death register and still birth register shall be records of permanent importance and shall not be destroyed.

(2) The court order 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 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.

By order and in the name of the Governor of Goa.

Dr. K. S. R. V. S. Chalam, Director and Ex-Officio Joint Secretary (Planning).

Panaji, 31st December, 1999.

Form No. 1

BIRTH REPOT

Legal information

*This part to be added to the Birth Register***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.

Form No. 1

SERIES I No. 1

OFFICIAL GAZETTE — GOVT. OF GOA

6TH APRIL, 2000

BIRTH REPORT FORM
 (See Rule 5)

<p><i>To be filled by the informant</i></p> <ol style="list-style-type: none"> Date of Birth: (Enter the exact day, month and year the child was born e. g. 1-1-2000) Sex: (Enter "male" or "female", do not use abbreviation) Name of the child, if any: (If not named, leave blank) Name of the father: (Full name as usually written) Name of the mother: (Full name as usually written) Name of grand father (fathers side) Name of grand mother (fathers side) 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) <ol style="list-style-type: none"> Hospital/ Name: Institution House Address: Informant's name: Address: <p>(After completing all columns 1 to 20, informant will put date and signature here:)</p> <p>Date: _____ Signature or left thumb mark of the informant</p>	<p><i>To be filled by the informant</i></p> <ol style="list-style-type: none"> 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.) <ol style="list-style-type: none"> Name of Town/Village: is it a town or village: (Tick the appropriate entry below) <ol style="list-style-type: none"> Town Village Name of District: Name of State: Religion of the Family: (Tick the appropriate entry below) <ol style="list-style-type: none"> Hindu Muslim Christian Any other religion: (write name of the religion) 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) 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) Father's occupation: (If no occupation write 'Nil') Mother's occupation: (If no occupation write 'Nil') 	<p><i>To be filled by the informant</i></p> <ol style="list-style-type: none"> Age of the mother (in completed years) at the time of marriage: (If married more than once, age at first marriage may be entered) 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 include also those from earlier marriage(s), if any) Type of attention at delivery : (Tick the appropriate entry below) <ol style="list-style-type: none"> Institutional - Government Institutional - Private or Non-Government Doctor, Nurse or Trained midwife Traditional Birth Attendant Relatives or others Method of Delivery : (Tick the appropriate entry below) <ol style="list-style-type: none"> Natural Caesarean Forceps/Vacuum Birth Weight (in kgs.) (if available) : Duration of pregnancy (in weeks) : <p>(Columns to be filled are over, Now put signature at left)</p>																				
<p><i>To be filled by the Registrar</i></p> <p>Registration No. : _____ Registration Date : _____</p> <p>Registration Unit: _____ District _____</p> <p>Town/Village: _____</p> <p>Remarks: (if any)</p> <p>Name and Signature of the Registrar</p>	<p><i>To be filled by the Registrar</i></p> <table border="1"> <tr> <td>Name</td> <td>Code No.</td> <td>Registration No.</td> <td>Registration Date :</td> </tr> <tr> <td>District:</td> <td></td> <td>Date of Birth :</td> <td></td> </tr> <tr> <td>Tahsil:</td> <td></td> <td>Sex : 1. Male 2. Female</td> <td></td> </tr> <tr> <td>Town/Village:</td> <td></td> <td>Place of Birth : 1. Hospital/Institution 2. House</td> <td></td> </tr> <tr> <td>Registration Unit:</td> <td></td> <td>Name and Signature of the Registrar</td> <td></td> </tr> </table>		Name	Code No.	Registration No.	Registration Date :	District:		Date of Birth :		Tahsil:		Sex : 1. Male 2. Female		Town/Village:		Place of Birth : 1. Hospital/Institution 2. House		Registration Unit:		Name and Signature of the Registrar	
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DEATH REPORT

Statistical information

This part to be detached and sent for statistical processing

Legal information

This part to be added to the Death Register

To be filled by the informant	To be filled by the informant	To be filled by the informant
<p>1. Date of Death : (Enter the exact day, month and year the death took place e.g. 1-1-2000)</p> <p>2. Name of the Deceased : (Full Name as usually written)</p> <p>3. Sex of the deceased : (Enter "male" or "female", do not use abbreviation)</p> <p>4. Age of the deceased : (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)</p> <p>5. 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)</p> <p>1. Hospital/ Name : Institution</p> <p>2. House Address : 3. Other Place</p> <p>6. Name of the Father/husband</p> <p>7. Informant's name : Address :</p> <p>(After completing all column 1 to 17, informant will put date and signature here :)</p> <p>Date : Signature or left thumb mark of the Informant</p>	<p>8. 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.)</p> <p>a) Name of Town/Village : b) Is it a town or village : (Tick the appropriate entry below)</p> <p>1. Town 2. Village</p> <p>c) Name of District : d) Name of State :</p> <p>9. Religion : (Tick the appropriate entry below)</p> <p>1. Hindu 2. Muslim 3. Christian 4. Any other religion : (write the name of the religion)</p> <p>10. Occupation of the deceased : (If no occupation write 'Nil')</p> <p>11. Type of medical attention received before death : (Tick the appropriate entry below)</p> <p>1. Institutional 2. Medical attention other than institution 3. No Medical attention</p>	<p>12. Was the cause of death medically certified ? : (Tick the appropriate entry below)</p> <p>1. Yes 2. No</p> <p>13. Name of Disease of Actual Cause of Death : (For all death irrespective of whether medically certified or not)</p> <p>14. In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy: (Tick the appropriate entry below)</p> <p>1. Yes 2. No</p> <p>15. If used to habitually smoke - for how many years ?</p> <p>16. If used to habitually chew tobacco in any form for how many years ?</p> <p>17. If used to habitually chew arecanut in any form (including pan masala)- for how many years ?</p> <p>18. If used to habitually drink alcohol- for how many years ?</p> <p>(Columns to be filled are over, Now put signature at left)</p>
<p><i>To be filled by the Registrar</i></p> <p>Registration No. : Registration Date : Registration Unit : Town/Village : District : Remarks : (if any)</p> <p>Name and Signature of the Registrar</p>	<p><i>To be filled by the Registrar</i></p> <p>Name Code No. District : Tahsil : Town/ Village : Registration Unit :</p>	<p><i>To be filled by the Registrar</i></p> <p>Registration No. : Registration Date : Date of Death : Sex : 1. Male 2. Female Age : Years/months/days/hours Place of Death : 1. Hospital/Institution 2. House 3. Other Place</p> <p>Name and Signature of the Registrar</p>

(See Rule 5)
DEATH REPORT FORM

Form No. 3 STILL BIRTH REPORT

Legal information

This part to be added to the Still Birth Register

STILL 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.

Form No. 3

SERIES I No. 1

OFFICIAL GAZETTE — GOVT. OF GOA

STILL BIRTH REPORT FORM
(See Rule 5)

6TH APRIL 2000

<p><i>To be filled by the informant</i></p> <ol style="list-style-type: none"> Date of Birth : (Enter the exact day, month and year e.g. 1-1-2000) Sex : (Enter "male" or "female") (Do not use abbreviation) Name of the father : (Full name as usually written) Name of the mother : (Full name as usually written) 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) <ol style="list-style-type: none"> Hospital/ Institution Name : House Address : Informant's name Address : (After completing all columns 1 to 12, informant will put date and signature here:) <p>Date Signature or left thumb mark of the informant</p>	<p><i>To be filled by the informant</i></p> <ol style="list-style-type: none"> 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.) <ol style="list-style-type: none"> Name of Town/Village : Is it a town or village : (Tick the appropriate entry below) <ol style="list-style-type: none"> Town 2. Village Name of District : Name of State : Age of the mother (in completed years) at the time of this birth : 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) Type of attention at delivery : (Tick the appropriate entry below) <ol style="list-style-type: none"> Institutional - Government Institutional - Private or Non- Government Doctor, Nurse or Trained midwife Traditional Birth Attendant Relatives or others Duration of pregnancy : (in weeks) Cause of foetal death : (if known) <p><i>(Columns to be filled are over. Now put signature at left)</i></p>
<p><i>To be filled by the Registrar</i></p> <p>Registration No.: Registration Date :</p> <p>Registration Unit : District :</p> <p>Town/Village: District :</p> <p>Remarks : (if any)</p> <p>Name and Signature of the Registrar</p>	<p><i>To be filled by the Registrar</i></p> <p>Name Code No.</p> <p>District : Registration No. :</p> <p>Tahsil : Registration Date :</p> <p>Town/Village: Date of Birth :</p> <p>Registration Unit : Sex : 1. Male 2. Female</p> <p>Place of Birth : 1. Hospital/Institution 2. House</p> <p>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 the person whose particulars are given below died in the hospital in Ward No..... on.....
at..... a.m./p.m.

NAME OF 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 one month, age in Days	If less than one day, age in Hours	
1. Male 2. Female					
CAUSE OF DEATH					Interval between on set & death approx.
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc. (a) due to (or as a consequences of)					
Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying conditions last (b) due to (or as a consequences of)					
(c)					
II Other significant conditions contributing to the death but not related to the disease or conditions causing it					

Manner of Death

How did the injury occur?

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

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No
If yes, was there a delivery? 1. Yes 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/O.....was admitted to this hospital on
and expired on

Doctor.....
(Medical Supdt.
Name of Hospital)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

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

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

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, or 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 three terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be 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 last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset : Complete the column for interval between onset and death whenever possible, even if very approximately, e. g. "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck or femur, (c) Fall from ladder at home.

Maternal deaths : Be sure to answer the questions 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 be not given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: (a) Chronic bronchitis, II old age.

Completeness of information : A complete case history is not wanted, but, if the informations is available, enough details should be given to enable the underlying cause to be properly classified.

Example : Anaemia — Give type of anaemia, if known. Neoplasms — Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, Heart disease — Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus — Describe the antecedent injury, if known. Operation

— State the condition for which the operation was performed. Dysentery — Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery — Describe the complication specifically Tuberculosis — Give organs affected.

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

Manner of Deaths : 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'.

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./Kum. _____
son of/wife of/daughter of _____
resident of _____ was under my treatment from _____
to _____ and he/she died on _____ at _____ a.m./p.m.

NAME OF DECEASED				For use of Statistical Office
Sex	Age completed in years	Age at Death		
		If less than 1 year, age in Months	If less than one month, age in Days	If less than one day, age in Hours
1. Male 2. Female				
CAUSE OF DEATH I Immediate cause (a) State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc. due to (or as a consequences of) Antecedent cause (b) Morbid conditions, if any, giving rise to the above Cause, stating underlying conditions last due to (or as a consequences of) (c) II Other significant conditions contributing to the death but not related to the disease or conditions causing it				Interval between on set & 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 Practitioner certifying the cause of death

Date of Certification _____

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/O _____
 was under my treatment from _____ to _____ and he/she expired on _____ at 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 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) (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, or example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I (a) the immediate cause of death. This does not mean the mode of dying, e. g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the cause of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e. g., "from birth" "several years".

Accidental or violent deaths : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. example: (a) Hypostatic pneumonia; (b) Fracture of neck or femur, (c) Fall from ladder at home.

Maternal deaths : Be sure to answer the questions 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 be not given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

Completeness of information : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example : Anaemia — Give type of anaemia, if known. Neoplasms — Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. Heart disease — Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus — Describe the antecedent injury, if known. Operation — State the condition for which the operation was performed. Dysentery — Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery — Describe the complication specifically Tuberculosis — Give organs affected.

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

Form No. 5
(See Rule 8)

BIRTH CERTIFICATE
(Issued under Section 12/17)

This is to certify that the following information has been taken from the original record of birth which is the register for (Local Area) _____

of Tahsil _____ of District _____

of State _____

Name _____

Sex _____

Date of Birth _____

Place of Birth _____

Name of Father _____

Name of Mother _____

Registration No. _____

Date of Registration _____

Date

Signature of issuing authority

Seal

Form No. 6
(See Rule 8)

DEATH CERTIFICATE
(Issued under Section 12/17)

This is to certify that the following information has been taken from the original record of death which is the register for (Local Area) _____

of Tahsil _____ of District _____

of State _____

Name _____

Sex _____

Date of Death _____

Place of Death _____

Registration No. _____

Date of Registration _____

Date

Signature of issuing authority

Seal

No disclosure shall be made of particulars regarding the cause of death as entered in the Register. See proviso to Section 17 (1).

Form No. 7

(See Rule 12)

BIRTH REGISTER

Form No. 1

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" or "female"; do not use abbreviation)
3. Name of the child, if any : (If not named, leave blank)
4. Name of the father : (Full name as usually written)
5. Name of the mother : (Full name as usually written)
6. 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 :
7. Informant's name :
Address :

(After completing all columns 1 to 20, informant will put date and signature here :)

Date : Signature or 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. 8

(See Rule 12)

DEATH REGISTER

Form No. 2

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 : (Full name as usually written)
3. Sex of the deceased : (Enter "male" or "female" do not use abbreviation)
4. Age of the deceased : (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)
5. 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/Institution	Name :
2. House	Address:
3. Other place	
6. Informant's name:
Address:

(After completing all columns 1 to 17, informant will put date and signature here:)

Date: Signature or 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. 9
(See Rule 12)

Form No. 10
(See Rule 13)

STILL BIRTH REGISTER

NON-AVAILABILITY CERTIFICATE

Form No. 3 **STILL BIRTH REPORT**

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

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 year e.g. 1-1-2000)
2. Sex : (Enter "male" or "female"
(Do not use abbreviation))
3. Name of the father :
(full name as usually written)
4. Name of the mother :
(full name as usually written)
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/ Institution	Name :
2. House	Address :
6. Informant's name :
Address :

(After completing all columns
1 to 12, informant will put
date and signature here:)

Date _____ Signature or 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

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 (Tahsil) 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. Number of Births Registered :

(a) Within one year of their Occurrence :

(b) After one year of their Occurrence :

Total * (a+b) :

* Total should be equal to the number of Birth Report Forms (Form No. 2) attached with this monthly report.

Dated :

Signature & Name
of the Registrar

Submitted to the Chief Registrar/District Registrar.

Form No. 12

(See Rule 14)

SUMMARY MONTHLY REPORT OF DEATHS

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

Deaths			Infant Deaths	Maternal Deaths
Registered within one year of occurrence	Registered after one year of occurrence	Total*		
1	2	3	4	5

Note : Infant and Maternal Deaths should also be included in the Deaths.

*The number of Statistical Reporting Form (Form No. 4) attached should be equal to the number of deaths registered.

Dated :

Submitted to the Chief Registrar/District Registrar.

Signature & Name
of the Registrar

Form No. 13

(See Rule 14)

SUMMARY MONTHLY REPORT OF STILL BIRTHS

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

*Number of Still Births Registered should be equal to the number of Still Birth Report Forms (Form No. 3) attached with this monthly report.

Dated :

Submitted to the Chief Registrar/District Registrar.

Signature & Name
of the Registrar

Table A -1

Population, Registration Units, Monthly Returns Due and Received
(Rural Areas)

Sl. No.	District	Population as per last Census		No. of Registraton Units	No. of Monthly Returns Due	No. of Monthly Returns not Received	Estimated mid-year population	
		Actual	Adjusted for Incomplete Receipt of Returns				Total	Adjusted for Incomplete Receipt of Returns
1	2	3	4	5	6	7	8	9
State Total								

Table A-2

Population, Registration Units, Monthly Returns Due and Received
(Urban Areas)

Sl. No.	District	Population as per last Census		No. of Registration Units	No. of Monthly Returns Due	No. of Monthly Returns not Received	Estimated mid-year population	
		Actual	Adjusted for Incomplete Receipt of Returns				Total	Adjusted for Incomplete Receipt of Returns
1	2	3	4	5	6	7	8	9
State Total								

Table B -1

Live Births by Place of Occurrence, District (Rural & Urban) and Town with Population One Lakh and above.

Sl. No.	District	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
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			

Live Births by Sex and Month of Occurrence

Table B-5

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
Rural							
Urban							
(i) Towns with population one lakh and above							
Town - 1							
Town - 2							
(ii) All other Urban areas.							
Urban Total							
State Total							

Live Births by Method of Delivery and Type of Institution for Institutional Births (Rural & Urban)

[illegible]

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

[illegible]

Table B - 8

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

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 Matric	Matric but below Graduate	Graduate & above	Not Stated	
2	3	4	5	6	7	8	9
All Areas/Rural Areas/Urban Areas							
Below 15							
15 - 19							
20 - 24							
25 - 29							
30 - 34							
35 - 39							
40 - 44							
45 & above							
Age not stated							
Total							

Table B - 10

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

Level of Education of Father	Live 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 Areas / Rural Areas / Urban Areas

Illiterate

Below Primary

Primary but

below matric

Matric but below

Graduate

Graduate & above

Not Stated

Total

TABLE B - 11

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

Level of Education of Mother	Live 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 Areas / Rural Areas / Urban Areas

Illiterate

Below Primary

Primary but

below matric

Matric but below

Graduate

Graduate & above

Not stated

Total

Table B -12

**Live Births by Age of 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	13 & Above	Not Stated
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

All Educational Levels / Illiterate / 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

**Live Births by Age of 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 / Illiterate / 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

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

**Live Births by Age of the Mother, Birth Order and Religion of the Family
(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 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".

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

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

[illegible]

Table B-18

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

Duration of Marriage (in years)	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 Areas/Rural Areas/Urban Areas

0-4

5-9

10-14

20-24

25-29

30 & above

Not stated

Total

Table B-19

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

Duration of Marriage	Age of Mother								Total	
	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 and above		Not stated
2	3	4	5	6	7	8	9	10	11	12

All Areas/Rural Areas/Urban Areas

0-4

5-9

10-14

15-19

20-24

25-29

30 & above

Not stated

Total

Table B-20

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

[illegible]

Table B-21

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

[illegible]

Table B -22

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

[illegible]

Table B - 23

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

Method of Delivery	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

All Areas/Rural Areas/Urban Areas

Natural

Caesarean

Forceps/
Vacuum

Not Stated

Total

Table D-1

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

Sl. No.	District	Deaths by Place of Occurrence			Place of Residence of Deceased		Place of Residence outside 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

Town with Population one Lakh and above

Town-1

Town-2

2 District-2 R
U
T

State Total R
U
T

Table D-2

Deaths 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 Death	
		M	F	T		Within the Area	Outside the Area
1	2	3	4	5	6	7	8
1	District-1	R U T					
		Town with Population one Lakh and above					
		Town-1					
		Town-2					
2	District-2	R U T					
State Total		R U T					

Table D-3

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	Male	Female	Male	Female	Male	Female
1	2	3	4	5	6	7	8	9	10
State Total									
		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	Male	Female	Male	Female	Male	Female
11	12	13	14	15	16	17	18		

Table D-4

Deaths by Sex and Month of Occurrence

Sl. No.	District	Sex	Month												Total
			Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	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

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

Rural/Urban	Type of Attention at Death			Total
	Institutional	Medical Attention other than Institution	No Medical Attention	
1	2	3	4	5
Rural				
Urban				
(i) Towns with Population 1 Lakh & above				
Town-1				
Town-2				
(ii) All other Urban areas				
Urban Total				
State Total				

Table D-6

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

[illegible]

* Minor religious group may be classified in to others.

Table D-7

Deaths by Age, Occupation and sex (Rural)

[illegible]

Deaths by Age, Occupation and sex (Urban)

[illegible]

Table D-9

Deaths by Age, Occupation and sex (All Areas)

[illegible]

Table D-10

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

Sl. No.	Cause of Death	Sex	Age of the Deceased											Total
			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												
		T												
Total		M												
		F												
		T												

Table D-11

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

Sl. No.	Cause of Death	Sex	Age of the Deceased											Total
			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												
		T												
Total		M												
		F												
		T												

Table D-12

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

Sl. No.	District		Deaths 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
1	District-1	R						
		U						
		T						
Town with Population one Lakh and above								
		Town - 1						
		Town - 2						
2	District-2	R						
		U						
		T						
State Total		R						
		U						
		T						

Table D-13

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 with Population one Lakh and above							
	Town - 1						
	Town - 2						
2	District-2	R U T					
State Total							
		R U T					

Table D-14

Infant Deaths by Age and Sex (Rural & Urban)

[illegible]

Table D-15

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

[illegible]

Table D-18

Table D-18 : Pregnancy Related Deaths by Age and occupation (Rural & Urban)

[illegible]

All Areas/Rural Areas/Urban Areas

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

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

Sl. No.	Selected Cause of Death	Sex	Age Group									Total
			Below 15	15-24	25-34	35-44	45-5	55-6	65-69	70 and above	Age not Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13

M	Only Smoking/Only Chewing Tobacco/Only Chewing Arecanut/
F	Only Drinking Alcohol/Smoking and Chewing Tobacco/Smoking and
T	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 D-20

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

Sl. No.	Selected Cause of Death	Sex	Age Group								Agent not Stated	Total
			Below 15	15-24	25-34	35-44	45-5	55-6	65-69	70 and above		
1	2	3	4	5	6	7	8	9	10	11	12	13
		M	Only Smoking/Only Chewing Tobacco/Only Chewing Arecanut/									
		F	Only Drinking Alcohol/Smoking and Chewing Tobacco/Smoking and									
		T	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 D-21

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

Sl. No.	Selected Cause of Death	Sex	Age Group								Age not Stated	Total
			Below 15	15-24	25-34	35-44	45-54	55-64	65-69	70 and above		
1	2	3	4	5	6	7	8	9	10	11	12	13
		M	Only Smoking/Only Chewing Tobacco/Only Chewing Arecanut/									
		F	Only Drinking Alcohol/Smoking and Chewing Tobacco/Smoking and									
		T	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

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
State Total	R						
	U						
	T						

Table S-2

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

Sl. No.	District	Still Births by Place of Residence of Mother			Still Birth Rate	Place of Occurrence of Still Births	
		M	F	T		Within the Area	Outside the Area
1	2	3	4	5	6	7	8
State Total							

Table S-3

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

[illegible]

Table S-4

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									
41+									
Not- Stated									
Total									

Table S-5

Still Births by Sex and 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							

Table S-6

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

Sl. No	Cause of Still Births	Age of Mother									Total
		Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 and above	Age not Stated	
1	2	3	4	5	6	7	8	9	10	11	12

Rural Areas/Urban Areas/All Areas

Total

Table S-7

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

Sl. No.	Age of Mother	Duration of Pregnancy (in Weeks)						Total
		Below 32	32-36	37-39	40	41+	Not Stated	
1	2	3	4	5	6	7	8	9

Rural Areas/Urban Areas/All Areas

Total