SERIES II No. : 25
DATED : 22ND JUNE, 2007.

No. DPS/306/07-08/192
Administration of Daman and Diu,
Deptt. of Planning & Statistics,
Secretariat, Fort Area,
Moti Daman – 396 220.

Dated : 20/06/2007

NOTIFICATION

In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969, (18 of 1969) the Administrator of UT of Daman and Diu hereby makes the following Amendments to the Daman and Diu Registration of Births and Deaths Rules, 2000.

1. Short title and Commencement – (1) These rules may be called the Daman and Diu Registration of Births and Deaths (Amendment) Rules, 2007.

   (2) They shall come into force with effect from the date of publication in the Official Gazette.

2. The existing Rules 5 (1) will be replaced by the following :-

   FORM, ETC. FOR GIVING INFORMATION OF BIRTHS AND DEATHS –

   The information required to be given to the Registrar under section 8 or 9, as the case may be shall be in revised 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.

3. The existing Rule 8(1) will be replaced by the following : –

   EXTRACTS OF REGISTRATION ENTRIES TO BE GIVEN UNDER SECTION 12 –

   The extracts of particulars from the register relating to births or deaths to be given to an informant under section 12 shall be in revised Form No. 5 or Form No. 6, as the case may be.

4. The existing Rule 12 (1) will be replaced by the following : –

   FORM OF REGISTER UNDER SECTION 16 –

   The legal part of the Form Nos. 1, 2 and 3 shall constitute the birth register, death register and still birth register in revised Form Nos. 7, 8 and 9 respectively.

   All the revised Form Nos. 1 to 3 and 5 to 9 are enclosed herewith.

By order and in the name of the
Administrator of Daman & Diu

Sd/-
(AJAY KUMAR)
DY. SECRETARY (PLANNING)

* * *

SERIES II No. : 13	
DATED : 28TH MARCH, 2014	

No. DPS/306(10)/2013-14/1621
Administration of Daman and Diu,
Deptt. of Planning & Statistics,
Secretariat, Fort Area,
Moti Daman – 396 220.

Dated : 25/03/2014.

Read : Letter No. 1/7/2011-VS(CRS) dated 03/06/2013 from Dy. Director, Ministry of Home Affairs, Office of Registrar General, India, New Delhi.

NOTIFICATION

In exercise of the powers conferred by section 30 read with section 2 (f) of the Registration of Births and Deaths Act, 1969, the Administrator of UT of Daman and Diu hereby makes the following rules further to amend the Daman and Diu Registration of Births and Deaths Rules, 2000 namely.

1. Short title, extent and commencement :

   1) These rules may be called the Daman and Diu Registration of Births and Deaths (Amendment) Rules, 2014.

   2) They shall extend to the whole of the Union Territory of Daman & Diu.

   3) They shall come into force from the date of its publication in the Official Gazette.

2. Amendment of Form No. 2, (Death Reporting Form) – In the Daman and Diu Registration of Births and Deaths Rules, 2000, (hereinafter referred to as the "Principal Rules,") the following entries shall be substituted in place of entries at Sr. No. 6 and 7 in Form No. 2.

   6. (A) Name of Mother :
   6. (B) Name of Father :
   7. Name of Husband/Wife :

3. Amendment of Form No. 6. (Death Certificate) – Entries in Form No. 6 shall be modified as tabulated below :

Existing	Modified
Name of mother	Name of Mother
	Name of Father
Name of father/Husband	Name of Husband/Wife

The revised Forms No. 2 and 6 are appended herewith.

By order and in the name of the
Administrator of Daman & Diu

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Sd/-
(Dr. S. D. Bhardwaj)
DY. SECRETARY (PLANNING)

***

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SERIES II No. : 13
DATED : 28TH MARCH, 2014

स. / No.

प्रपत्र – 6 / FORM – 6



संघ प्रदेश दमण एवं दीव प्रशासन
ADMINISTRATION OF DAMAN AND DIU (U.T.)
योजना एवं सांख्यिकी विभाग
DEPARTMENT OF PLANNING & STATISTICS

मृत्यु प्रमाण-पत्र
DEATH CERTIFICATE

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा
दमण एवं दीव जन्म मृत्यु रजिस्ट्रीकरण नियम, 2000 के नियम 8/13 के अंतर्गत जारी किया गया)
(Issued under Section 12/17 of the Registration of Births & Deaths Act, 1969 and
Rule 8/13 of the Daman & Diu Registration of Births and Deaths Rules, 2000)

यह प्रमाणित किया जाता है निम्नलिखित सूचना मृत्यु के मूल लेख से ली गई है जो कि .....

तहसील .....जिला .....संघ प्रदेश दमण एवं दीव के रजिस्टर में उल्लिखित है।

This is to certify that the following information has been taken from the original record of death which is in the register for.....of Tahsil.....

of District..... of Union Territory of Daman & Diu.

नाम / Name

लिंग / Sex

मृत्यु तिथि / Date of Death

मृत्यु स्थान / Place of Death

माता का नाम / Name of Mother

पिता का नाम / Name of Father

पति/पत्नी का नाम / Name of Husband/Wife

मृतक का मृत्यु के समय का पता /
Address of the deceased at the time of death :

मृतक का स्थायी पता /
Permanent address of the deceased :

पंजीकरण संख्या / Registration No.

पंजीकरण दिनांक / Date of Registration

टिप्पणी/ Remarks (if any)

जारी करने की तिथि / Date of issue

प्राधिकारी के हस्ताक्षर/Signature of the issuing authority
प्राधिकारी का पता/Address of the issuing authority

मोहर / Seal

"प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें / Ensure registration of every birth and death"

FORM NO 2 DEATH REPORT

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. Name of Mother:
5. Name of Father
5a Name of husband/wife
6. Age of the deceased: (If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours)
7. Address of the deceased at the time of death:
8. Permanent address of the deceased:
9. Place of death: (Tick the appropriate entry 1, 2 or 3 below and give the name of the Hospital/ Institution or the address of the house where the death took place. If other place, give location)

   1.Hospital/ Institution — Name :

   2.House — Address :

   3.Other Place
10. Informant's name :

    Address :

(After completing all columns 1 to 21, 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

To be detached and sent for statistical processing

Statistical Information

This part to be detached and sent for statistical processing

To be filled by the informant

11. Town or Village of Residence of the deceased. (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.)

    a) Name of Town/Village :

    b) Is it a town or village : (Tick the appropriate entry below)

       1. Town 2. Village

    c) Name of District :

    d) Name of State :

12. Religion : (Tick the appropriate entry below)

    1.Hindu 2.Muslim 3. Christian

    4. Any other religion: (write the name of the religion)

13. Occupation of the deceased : (If no occupation write 'Nil')

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

To be filled by the informant

15. Was the cause of death medically certified ? (Tick the appropriate entry below)

    1.Yes 2. No

16. Name of Disease or Actual Cause of Death : (For all deaths irrespective of whether medically certified or not)

17. In case this is a female death, did the death occur while pregnant, at the time of delivery, or within 6 weeks after the end of pregnancy ? (Tick the appropriate entry below)

    1.Yes 2. No

18. If used to habitually smoke - for how many years?
19. If used to habitually chew tobacco in any form - for how many years?
20. If used to habitually chew arecanut in any form (including pan masala) - for how many years?
21. If used to habitually drink alcohol - for how many years?

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

To be filled by the Registrar

Name Code No

District :

Tahsil :

Town/Village :

Registration Unit :

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

Name and Signature of the Registrar

IndiaCode

No. DPS/306(10)/2013-14/ 499
Administration of Daman and Diu,
Deptt. of Planning & Statistics,
---- Secretariat, Fort Area;--
Moti Daman - 396220.

Dated :06/ 07/2014.

Read : Circular No. 1/7/2011-VS(CRS) dated 12/03/2012 from Registrar General, India, Ministry of Home Affairs, Office of Registrar General, India, New Delhi.

NOTIFICATION

In exercise of the powers conferred by section 30 (1) of the Registration of Births and Deaths Act, 1969, the Administrator of UT of Daman and Diu hereby makes the following rules further to amend the Daman and Diu Registration of Births and Deaths Rules, 2000 namely.

1. Short title, extent and commencement :

   1) These rules may be called the Daman and Diu Registration of Births and Deaths (Amendment) Rules, 2014.
   2) They shall extend to the whole of the Union Territory of Daman and Diu.
   3) They shall come into force from the date of its publication in the Official Gazette.

2. The existing Rule 5 (1) under section 8 shall be replaced with the following :

   Form, etc. for giving information of births and deaths –(1) The information required to be given to the Registrar under 8 or section 9, as the case may be, shall be in Form Nos.1, **1-A**, 2 and 3 for the Registration of a birth, **birth of an adopted child,** 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.

   The new Form No. 1-A is appended herewith.

By Order and in the name of the
Administrator of Daman and Diu

(Dr. S. D. Bhardwaj)
DY.SECRETARY(PLANNING)

Copy forwarded to :

1) The Development Commissioner / Secretary (Planning) and Chief Registrar of Births and Deaths, Secretariat, Daman/ Diu.
2) The Dy. Registrar General, MHA, Office of Registrar General, India, Govt. of India, Vital Statistics Division, West Block- 1, R.K. Puram, New Delhi – 110066.
3) The Collector / District Registrar of Births and Deaths , Daman / Diu.
4) The Dy. Director (Planning & Statistics)/Addl. Chief Registrar of Births and Deaths, Daman.
5) The Head of Govt. Printing Press, Daman, for publication in Official Gazette.
6) The Dy. Director(CRS), Census Operation Gujarat, Ministry of Home Affairs, Directorate of Census Operation Gujarat, Census Bhavan, Sector 10/A, Gandhinagar-382010.
7) The BDO / Addl. District Registrar of Births and Deaths, Daman / Diu District.
8) All Registrars of Births and Deaths, Daman and Diu.
9) The Assistant Director (Official Language), Secretariat, Daman with request to translate the same in Hindi.

FORM NO. 1-A

Administration of Daman and Diu (U.T)
Department of Planning and Statistics.

BIRTH REPORT FOR ADOPTED CHILD

(See Rule 5)

LEGAL INFORMATION

This part to be added to the Birth Register

To be filled by the Informant

1. * Date of Birth: .....
(If known, write exact date of birth, otherwise record the date of birth as ascertained by the Magistrate.)

2. * Sex: .....
(Enter "Male" or "Female". Do not use abbreviation)

3. Name of the child : .....
(If name is changed on adoption, write new name)

4. * Name of the mother .....
(If Known)

5. * *Name of the father* .....
(If Known)

6. *Date and number of Adoption/Legal Order* .....

7. Name of the adoptive mother : .....

8. Name of adoptive father : .....

9. * Address of adoptive parents as recorded in Adoption Deed .....

10. Permanent address of adoptive parents : .....

11. * Place of Birth : .....

12. * If adoption through agency write the place & address of the Adoption agency .....

13. Informant's name and address :
(After completing all columns the ***Informant*** will put date and signature here.)
*As contained in the original birth certificate

Date :

Signature or left thumb mark of the Informant

To be attached with item for statistical processing / Not to be filled for birth already registered

Administration of Daman and Diu (U.T) **FORM NO. 1-A**

Department of Planning and Statistics.

BIRTH REPORT FOR ADOPTED CHILD

(See Rule 5)

STATISTICAL INFORMATION

This part to be detached and sent for statistical processing

To be filled by the Informant

14. Religion of the adoptive Father .
(Tick the appropriate entry below.)

1. Hindu 2. Muslim 3. Christian

4. Any other religion : .....

(write name of the religion)

15. *Adoptive Father's level of education* .....
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VII)

16. Adoptive Mother's level of education: .....
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VII)

17. Adoptive Father's occupation .....
(If no occupation, write "Nil")

18. Adoptive Mother's occupation : .....
(If no occupation, write "Nil")

(Columns to be filled are over. Next by signature at left)

To be filled by the Registrar

Registration No: Registration Date:

Registration Unit:

Town / Village : District

Works (if any)

Name and Signature of the Registrar

To be filled by the Registrar

Name Code No.

District :

Taluk :

Town/Village :

Registration Unit :

Registration No : *Registration Date*

Date of Birth :

Sex : 1. Male 2. Female

Place of Birth : 1. Hospital/ Institution 2. Other Place

Name and Signature of the Registrar

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SERIES II No. : 33
DATED : 22ND AUGUST, 2014

(149)

No. DPS/306(10)/2013-14/531
Administration of Daman and Diu,
Deptt. of Planning & Statistics,
Secretariat, Fort Area,
Moti Daman – 396 220.

Dated : 14/08/2014

Read : Letters No. 1/2/(Rule)/2012-VS(CRS)/2147 & 2258 dated 13/05/2014 and 04/06/2014 from Dy. Registrar General (CRS) Ministry of Home Affairs, Office of Registrar General, India, New Delhi.

NOTIFICATION

In exercise of the powers conferred by Section 30 of the Registration of Births and Deaths Act, 1969 (18 of 1969) the Administrator of UT of Daman and Diu with the approval of the Central Government hereby makes the following rules to amend the Daman and Diu Registration of Births and Deaths Rules, 2000 namely.

(i) These rules may be called the Daman and Diu Registration of Births and Deaths (Amendment) Rules, 2014.

(ii) These rules shall come into force on the date of their publication in the Official Gazette.

In the Daman and Diu Registration of Births and Deaths Rules, 2000 (hereinafter called the principal rule).

Amendment in Rule 10 : Period for the purpose of Section 14–(i) Where the birth of any child had been registered without a name, the parent or guardian of such child shall, within 12 months from the date of registration of the birth of child, give information regarding the name of the child to the Registrar either orally or in writing:

Provided that if the information is given after the aforesaid period of 12 months, which shall be reckoned :

The sub rule 1 (i & ii) of Rule 10 shall be substituted, namely :

(i) In case where the registration had been made prior to the date of commencement of the Registration of Births and Deaths (Amendment) Rules 2000, further five years period from the date of commencement of this Rule (i.e. Rules 2014) shall be given. In respect of those cases, where 15 years period from the date of registration has not yet been completed 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 the Registration of Births and Deaths (Amendment) Rules 2014 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 –

Contd./--

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SERIES II No. : 33
DATED : 22ND AUGUST, 2014

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If the register is in his possession forthwith enter the name of the relevant column of the concerned form in the birth register on payment of a late fee of rupees five.

(h) If the register is not in his possession and if the information is given orally, make a report giving necessary particular and if the information is given in writing, forward the same to the Officer specified by the Administrator in this behalf for making the necessary entry on payment of a late fee of rupees five.

4. There will be no change in the provision of Sub Rule (2) of Rule 10.

By Order and in the name of the
Administrator of Daman & Diu

Sd/-
(Dr. S. D. Bhardwaj)
DY. SECRETARY (PLANNING)

* * *

No. DFES/DD/Order/2014-15/531
Administration of Daman & Diu, (UT)
Deptt. of Fire & Emergency Services,
Fire Force Headquarter,
Daman – 396 215.

Dated : 14/08/2014.

ORDER

In exercise of the powers vested under sub-rule (c) of Rule 04 of Daman and Diu Fire Force Rules 2004, the undersigned is hereby pleased to change the timing of watch/shift system as 10.00 A.M. to next day 10.00 A.M. in place of 11.00 A.M. to next day 11.00 A.M. without change of duration of 2 watch/shift duty hours for fire service personnel of Daman & Diu with immediate effect.

Sd/-
(Manish Kumar Agrawal) IPS
IGP/Director
Fire & Emergency Services,
Daman & Diu, Daman.

* * *

No. DPS/306(10)/2013-14/1020
Administration of Daman and Diu,
Deptt. of Planning & Statistics,
Secretariat, Fort Area,
Moti Daman - 396220.

Dated :10/ 12/2014.

Read : Letter No. 1/12/2014-VS(CRS)/3034 dated 22/08/2014 from Dy. Registrar General (CRS) Ministry of Home Affairs, Office of Registrar General, India, New Delhi.

NOTIFICATION

In exercise of the powers conferred by section 30(1) of the Registration of Births and Deaths Act, 1969, the Administrator of UT of Daman and Diu hereby makes the following rules further to amend the Daman and Diu Registration of Births and Deaths Rules, 2000 namely.

1. Short title, extent and commencement :

   i) These rules may be called the Daman and Diu Registration of Births and Deaths (Amendment) Rules, 2014.
   ii) They shall extend to the whole of the Union Territory of Daman and Diu.
   iv) They shall come into force from the date of its publication in the Official Gazette.

2. The existing Rules 5(1) will be replaced by the following :

   Forms, etc for giving information of Births and Deaths-

   The information required to be given to the Registrar under section 8 or 9, as the case may be shall be in revised Forms No. 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.

3. The existing Rule 12(1) will be replaced by the following :

   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 in revised Form Nos. 7, 8 and 9 respectively.

   The revised Forms No. 1, 2 and 3 are appended herewith.

By Order and in the name of the
Administrator of Daman and Diu

(Dr. S. D. Bhardwaj)
Dy. Secretary (Planning) /
Addl. Chief Registrar of Births & Deaths

Copy forwarded to :

1) The Finance Secretary / Secretary (Planning) and Chief Registrar of Births and Deaths, Secretariat, Daman/ Diu.
2) The Collector / District Registrar of Births and Deaths , Daman / Diu.
3) The Dy. Registrar General, MHA, Office of Registrar General, India, Govt. of India, Vital Statistics Division, West Block- 1, R.K. Puram, New Delhi – 110066.
4) The Dy. Director (Planning & Statistics)/Addl. Chief Registrar of Births and Deaths, Daman.
5) The Director, Census Operation Gujarat, Ministry of Home Affairs, Directorate of Census Operation Gujarat, Census Bhavan, Sector 10/A, Gandhinagar-382010.
6) The Head of Govt. Printing Press, Daman, for publication in Official Gazette.
7) The BDO / Addl. District Registrar of Births and Deaths, Daman / Diu District.
8) All Registrars of Births and Deaths, Daman and Diu.
9) The Assistant Director (Official Language), Secretariat, Daman with request to translate the same in Hindi.

FORM NO . 3 ADMINISTRATION OF DAMAN AND DIU (U.T)

DEPARTMENT OF PLANNING AND STATISTICS

STILL BIRTH REPORT

(See Rule 9)

LEGAL INFORMATION

This part : to be added to the Still Birth Register

ADMINISTRATION OF DAMAN AND DIU (U.T)

DEPARTMENT OF PLANNING AND STATISTICS.

STILL BIRTH REPORT

(See Rule 9)

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

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)
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/ 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 detached and sent for statistical processing

To be filled by the informant

7. TOWN OF 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 TOWN/ VILLAGE: .....

(b) IS IT A TOWN OR VILLAGE:
(Tick the appropriate entry below)

1. TOWN :

2. VILLAGE:

c) NAME OF DISTRICT .....

d) *NAME OF STATE* .....

8. AGE OF THE MOTHER (in completed years) AT THE TIME OF BIRTH .....

9. 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)

To be filled by the informant

10. TYPE OF ATTENTION AT DELIVERY :
(Tick the appropriate entry below)

i)INSTITUTIONAL - GOVERNMENT

ii)INSTITUTIONAL -PRIVATE OR NON-GOVERNMENT

iii)DOCTOR, NURSE OR TRAINED MIDWIFE

iv)*TRADITIONAL BIRTH* ATTENDANT

v) RELATIVES OR OTHERS

11. DURATION OF PREGNANCY (in week) :
.....

12. CAUSE OF FOETAL DEATH .
(if known).....

(Columns to be filled are over, now put signature at left)

TO BE FILLED BY THE REGISTRAR

REGISTRATION NO : REGISTRATION DATE :

REGISTRATION UNIT :

TOWN/ VILLAGE : DISTRICT :

REMARKS : (IF ANY)

NAME AND SIGNATURE OF THE REGISTRAR

TO BE FILLED BY THE REGISTRAR

NAME CODE NO.

DISTRICT :

TAHSIL :

TOWN/VILLAGE

REGISTRATION UNIT :

REGISTRATION NO : REGISTRATION DATE

DATE OF BIRTH :

SEX : 1. MALE 2. FEMALE

PLACE OF BIRTH : 1. HOSPITAL/ INSTITUTION
2. OTHER PLACE

NAME AND SIGNATURE OF THE REGISTRAR

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FORM NO. 2 ADMINISTRATION OF DAMAN AND DIU (U.T)

DEPARTMENT OF PLANNING AND STATISTICS

DEATH REPORT

(See Rule 11)

LEGAL INFORMATION

This part is 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)
UID NO. OF DECEASED (if any)

3. SEX OF THE DECEASED : .....
(Enter "Male" or "Female", do not use abbreviation)

4. NAME OF MOTHER.....
UID NO. OF MOTHER (if any)

5. NAME OF FATHER.....
UID NO. OF MOTHER (if any)

5a. NAME OF HUSBAND / WIFE(IF ANY)
UID NO. HUSBAND /WIFE (if any)

6. AGE OF THE DECEASED .....
(if any deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months; and if below 1 month give age in completed number of days, and if below one day, in hours)

7. ADDRESS OF THE DECEASED AT THE TIME OF DEATH.....
.....

8. PERMANENT ADDRESS OF THE DECEASED : .....
.....

9. PLACE OF DEATH : (Tick the appropriate entry 1,2 or 3 below and give the name and address of the Hospital/ Institution or the address of the place where the death took place. If other place, give location)

1. HOSPITAL / INSTITUTION NAME : .....
2. HOUSE ADDRESS .....
3. OTHER PLACE : .....

10. INFORMANT'S NAME .....

ADDRESS:.....
(After completing all columns 1 to 21, 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

To be detached and sent for statistical processing

ADMINISTRATION OF DAMAN AND DIU (U.T)

DEPARTMENT OF PLANNING AND STATISTICS

DEATH REPORT

(See Rule 11)

STATISTICAL INFORMATION

This part to be detached and sent for statistical processing

To be filled by the Informant

11.TOWN OF VILLAGE OF RESIDENCE OF THE DECEASED : (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 TOWN/ VILLAGE: .....

(b) IS IT A TOWN OR VILLAGE :
(Tick the appropriate entry below)

1. TOWN :
2. VILLAGE

c) NAME OF DISTRICT .....

d) NAME OF STATE .....

12. RELIGION : (Tick the appropriate entry below)

1. HINDU 2. MUSLIM 3. CHRISTIAN
4. ANY OTHER RELIGION : (write name of the religion)

13. OCCUPATION OF THE DECEASED.....
(If no occupation, write "Nil")

14. TYPES OF MEDICAL ATTENTION RECEIVED BEFORE DEATH : (Tick the appropriate entry below)

1. INSTITUTIONAL
2. MEDICAL ATTENTION OTHER THAN INSTITUTION
3. NO MEDICAL ATTENTION

TO BE FILLED BY THE REGISTRAR

NAME : CODE NO.

DISTRICT

TAHSIL

TOWN/VILLAGE

REGISTRATION UNIT

FORM NO. .....

To be filled by the Informant

15. WAS THE CAUSE OF DEATH MEDICALLY CERTIFIED
(Tick the appropriate entry below)

1. Yes 2. No

16. NAME OF DISEASE OR ACTUAL CAUSE OF DEATH : .....
(For all deaths irrespective of whether medically certified or not)

17. IN CASE, THIS IS A FEMALE DEATH, DID THE DEATH OCCUR WHILE PREGNANT, AT THE TIME OF DELIVERY, OR WITHIN 6 WEEKS AFTER THE END OF PREGNANCY :
(Tick the appropriate entry below)
1. Yes 2. No.

18. IF USED TO HABITUALLY SMOKE – for how many years ? .....

19. IF USED TO HABITUALLY CHEW TOBACCO IN ANY FORM for how many years ?.....

20. IF USED TO HABITUALLY CHEW ARECANUT IN ANY FORM INCLUDING PAN MASALA – for how many years ? .....

21. IF USED TO HABITUALLY DRINK ALCOHOL - for how many years ? .....

Remarks :

(Columns to be filled are over, now put signature at left)

TO BE FILLED BY THE REGISTRAR

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

NAME AND SIGNATURE OF THE REGISTRAR

(FORM 1)

IndiaCode

FORM NO. 1

ADMINISTRATION OF DAMAN AND DIU (U.T)
DEPARTMENT OF PLANNING AND STATISTICS,

BIRTH REPORT

(See Rule 9)

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)
UID NO. OF FATHER (if any)
5. NAME OF THE MOTHER : .....
(Full name as usually written)
UIDNO. OF MOTHER (if any)
6. ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD : .....
7. PERMANENT ADDRESS OF PARENTS : .....
8. PLACE OF BIRTH: (Tick the appropriate entry 1 or 2 below and give the name and address of the Hospital/ Institution or the address of the place where the birth took place)
   1. HOSPITAL / INSTITUTION NAME : .....
   2. HOUSE ADDRESS : .....
9. INFORMANT'S NAME : .....
   ADDRESS : .....

(After completing all columns 1 to 22, 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

To be detached and sent for statistical processing

ADMINISTRATION OF DAMAN AND DIU (U.T)
DEPARTMENT OF PLANNING AND STATISTICS,

BIRTH REPORT

(See Rule 9)

STATISTICAL INFORMATION

This part to be detached and sent for statistical processing

To be filled by the Informant

10. TOWN OF 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 TOWN/ VILLAGE : .....
    (b) IS IT A TOWN OR VILLAGE
    (Tick the appropriate entry below)
    1. TOWN :
    2. VILLAGE
    c) NAME OF DISTRICT .....
    d) NAME OF STATE .....
11. RELIGION OF THE FAMILY :
    (Tick the appropriate entry below)
    1. HINDU 2. MUSLIM 3. CHRISTIAN
    4. ANY OTHER RELIGION : .....
    (write name of the religion)
12. 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)
13. 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)
14. FATHER'S OCCUPATION : .....
    (If no occupation, write 'Nil')
15. MOTHER'S OCCUPATION : .....
    (If no occupation, write 'Nil')

To be filled by the Informant

16. AGE OF THE MOTHER AT THE TIME OF MARRIAGE : .....
    (In completed years)
    If married more than once, age at first marriage may be entered
17. AGE OF THE MOTHER AT THE TIME OF THIS BIRTH : ..... (in completed years)
18. 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)
19. TYPE OF ATTENTION AT DELIVERY :
    (Tick one of 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
20. METHOD OF DELIVERY :
    (Tick the appropriate entry below)
    1. Natural 2. Caesarean 3. Forceps/Vacuum
21. BIRTH WEIGHT (in Kgs) (if available) : .....
22. DURATION OF PREGANANCY (in weeks) : .....

(Columns to be filled are over, now put signature at left)

TO BE FILLED BY THE REGISTRAR

NAME CODE NO.
DISTRICT :
TEHSIL :
TOWN/VILLAGE
REGISTRATION UNIT :

TO BE FILLED BY THE REGISTRAR

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 :-

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.

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(SAI)