



राजपत्र, हिमाचल प्रदेश

हिमाचल प्रदेश राज्य शासन द्वारा प्रकाशित

वीरवार, 16 जनवरी, 2025/26 पौष, 1946

हिमाचल प्रदेश सरकार

स्वास्थ्य एवं परिवार कल्याण विभाग

अधिसूचना

दिनांक 13 जनवरी, 2025

संख्या: स्वास्थ्य-ए-एफ(5)2/2022.—हिमाचल प्रदेश के राज्यपाल, जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969, (1969 का अधिनियम संख्यांक 18) की धारा 30 द्वारा प्रदत्त शक्तियों

का प्रयोग करते हुए केंद्रीय सरकार के अनुमोदन से, इस विभाग की अधिसूचना संख्या एच.एफ.डब्ल्यू-बी(ए)2-1/94 तारीख 31-01-2003 द्वारा अधिसूचित और राजपत्र, हिमाचल प्रदेश में तारीख 17-5-2003 को प्रकाशित हिमाचल प्रदेश जन्म और मृत्यु रजिस्ट्रीकरण नियम, 2003 का और संशोधन करने के लिए निम्नलिखित नियम बनाते हैं, अर्थात्:—

1. संक्षिप्त नाम और प्रारम्भ.— (1) इन नियमों का संक्षिप्त नाम हिमाचल प्रदेश जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन) नियम, 2024 है I

(2) ये नियम राजपत्र (ई-गजट), हिमाचल प्रदेश में इनके प्रकाशन की तारीख से प्रवृत्त होंगे I

2. नियम 5 का संशोधन.—हिमाचल प्रदेश जन्म और मृत्यु रजिस्ट्रीकरण नियम, 2003 (जिन्हें इसमें इसके पश्चात "उक्त नियम" कहा गया है) के नियम 5 के उप-नियम (3) के पश्चात निम्नलिखित उप-नियम अन्तः स्थापित किए जाएंगे, अर्थात्:—

“(4) इन नियमों में निर्दिष्ट प्रारूपों में नाम, जहां कभी वह आता है को (प्रथम नाम) (मध्य नाम) (अंतिम नाम) के प्ररूप में दिया जाएगा और नाम में कोई संक्षेपाक्षर अंतर्विष्ट नहीं होंगे I

(5) इन नियमों में निर्दिष्ट प्रारूपों में तारीख, जहां कभी वह आती है को दिन-मास-वर्ष के प्ररूप में दी जाएगी, जिसमें दिन को दो अंकों में मास को दो अंकों में और वर्ष को चार अंकों में जाएगा I

(6) इन नियमों में निर्दिष्ट प्रारूपों में पता, जहां कभी वह आता है को राज्य या संघ राज्यक्षेत्र, जिला, उप-जिला, नगर या गांव, वार्ड संख्या (नगर की दशा में और यदि उपलब्ध हो), परिक्षेत्र (महल्ला), मकान संख्या और पिन कोड अंतर्विष्ट होगा I” I

3. नियम 7 का संशोधन.—उक्त नियमों के नियम 7 में,—

(क) “मृत्यु के कारण के बारे में धारा 10 की उप-धारा (3) के अधीन अपेक्षित प्रमाण पत्र,” अंक, शब्दों, कोष्ठ और चिन्ह के पश्चात् जिसके अंतर्गत बीमारी का वृत्तांत, यदि कोई हो, शब्द और चिन्ह अन्तः स्थापित किए जाएंगे;

(ख) "उप-धारा (3)" शब्द, कोष्ठक और अंक के स्थान पर "उप-धारा (2) और (3)" शब्द, कोष्ठक और अंक रखे जाएंगे; और

(ग) "प्रपत्र 4 या 4 क" शब्दों, अंकों और अक्षरों के स्थान "क्रमशः प्रपत्र 4 और 4 क" शब्द, अंक और अक्षर रखे जाएंगे I

4. नियम 8 का संशोधन.—मूल नियम के नियम 8 में,—

(क) पार्श्व शीर्षक में, "रजिस्ट्रीकरण प्रविष्टियों के उद्धरण" शब्दों के स्थान पर "जन्म और मृत्यु रजिस्ट्रीकरण का प्रमाण पत्र दिया जाना" शब्द रखे जाएंगे I

(ख) उप-नियम (1) में,—

- (i) "विशिष्टियों के उद्धरण" शब्दों के स्थान पर "जन्म या मृत्यु के उद्धरण का प्रमाण पत्र" शब्द रखे जाएंगे ;
- (ii) "सूचना देने वाले व्यक्ति" शब्दों के पश्चात् "इलेक्ट्रॉनिक रूप से या अन्यथा" शब्द अन्तः स्थापित किए जाएंगे ;

(ग) उप-नियम (2) के स्थान पर निम्नलिखित उप-नियम रखा जाएगा, अर्थात्:—

"(2) धारा 8 के उप-धारा के खंड (क), (क क), (क ख) और (क ग) में निर्दिष्ट, यथास्थिति जन्म और मृत्यु की घटनाओं के मामले में जो सीधे रिपोर्ट जन्म और मृत्यु रजिस्ट्रार को की जाती है, यथास्थिति, घर या परिवार का मुखिया, या उसकी अनुपस्थिति में, घर में उपस्थित मुखिया का कोई नजदीकी रिश्तेदार उसकी अनुपस्थिति में उपस्थित सबसे बड़ा वयस्क व्यक्ति, दत्तक ग्रहण करने वाले माता-पिता, माता-पिता और जैविक माता-पिता जरूरी रिपोर्ट किए जाने के (30) तीस दिन के भीतर रजिस्ट्रार से इलेक्ट्रॉनिक रूप से या अन्यथा जन्म या मृत्यु का प्रमाण पत्र प्राप्त कर सकेंगे ।

(घ) उप-नियम (3) में,—

- (i) "देगा" शब्द के पूर्व "इलेक्ट्रॉनिक रूप से या अन्यथा शब्द अन्तः स्थापित किए जाएंगे;
- (ii) "उद्धरण" शब्द के स्थान पर "प्रमाण पत्र" शब्द रखे जाएंगे ;
- (iii) "घर या परिवार के" शब्दों के पश्चात् या "उसकी अनुपस्थिति में उपस्थित सबसे बड़ा वयस्क व्यक्ति" शब्द अन्तः स्थापित किए जाएंगे ।

(ङ) उप-नियम (4) में,—

- (i) "खंड (ख) से (ङ) में निर्दिष्ट जन्मों और मृत्यों" शब्दों, कोष्ठकों और अक्षरों के स्थान पर "खंड (ख), (ग), (घ), (घ क), (घ ख) और (ङ) में निर्दिष्ट यथास्थिति जन्मों और मृत्यों शब्द, कोष्ठक और अक्षर रखे जाएंगे ;
- (ii) "प्राप्त" शब्द के स्थान पर "इलेक्ट्रॉनिक रूप से या अन्यथा अभिप्राप्त" शब्द रखे जाएंगे;
- (iii) "उद्धरण" शब्द के स्थान पर "प्रमाण पत्र" शब्द रखे जाएंगे ।

(च) उप-नियम (5) में, "उद्धरण" शब्द के स्थान पर "प्रमाण पत्र" शब्द रखे जाएंगे।

5. नियम 9 का संशोधन.—उक्त नियमों के नियम 9 में,—

(क) उप-नियम (1) में, "दो रुपये" शब्दों के स्थान पर "बीस रुपये" रखे जाएंगे।

“(2) जिस जन्म या मृत्यु की विलम्बित सूचना उसके होने के तीस (30) दिन के पश्चात किन्तु एक वर्ष के भीतर, रजिस्ट्रार को दी जाती है, वह केवल जिला रजिस्ट्रार या इस निमित्त विहित अधिकारी की लिखित अनुज्ञा पर तथा प्ररूप संख्या 14 में स्व-अनुप्रमाणित दस्तावेज को इलेक्ट्रॉनिक रूप से या अन्यथा प्रस्तुत करने पर और पचास रुपए विलम्ब फीस के संदाय पर रजिस्ट्रीकृत की जाएगी।

(3) जिस जन्म या मृत्यु की विलम्बित सूचना उसके होने के एक वर्ष के भीतर रजिस्ट्रार को दी जाती है, वह, उस क्षेत्र में जिस स्थान पर जन्म या मृत्यु हुई है, अधिकारिता रखने वाले केवल जिला मजिस्ट्रेट या उपखण्ड मजिस्ट्रेट या जिला मजिस्ट्रेट द्वारा प्राधिकृत कार्यकारी मजिस्ट्रेट द्वारा किए गए आदेश पर एक सौ रुपये की विलम्ब फीस के संदाय पर रजिस्ट्रीकृत की जाएगी”।

6. नियम 12 का संशोधन.—उक्त नियमों के नियम 12 में, "फॉर्म संख्या 1" शब्दों और अंक के पश्चात, "क" चिन्ह, अंक और अक्षर अन्तः स्थापित किए जाएंगे।

7. नियम 13 का संशोधन.—उक्त नियमों के नियम 13 में,—

(क) उप-नियम (1) में,—

(i) "उद्धरण" शब्द के स्थान पर "जन्म और मृत्यु का प्रमाण पत्र" शब्द रखे जाएंगे

(ii) "धारा 17 के अधीन की जाने वाली" शब्दों और अंकों के स्थान पर "धारा 17 के अधीन, इलेक्ट्रॉनिक रूप से या अन्यथा की जाने वाली" शब्द रखे जाएंगे;

(iii) "रूपये" शब्द के स्थान पर "रुपए" शब्द रखा जाएगा;

(iv) "2" अंक जहां कभी आते हैं के स्थान पर "20.00" अंक क्रमशः रखे जाएंगे;

(v) खंड (ग) में

(i) "उद्धरण" शब्द के स्थान पर "प्रमाण पत्र" शब्द रखा जाएगा।

(ii) '5' अंक जहां कभी आते हैं के स्थान पर "50.00" अंक रखे जाएंगे।

(ख) उप-धारा (2) में, "ऐसे किसी जन्म या मृत्यु के सम्बन्ध में कोई उद्धरण", शब्दों के स्थान पर "धारा 17 के अधीन ऐसे किसी जन्म या मृत्यु से सम्बंधित रजिस्टर से उद्धरण के आधार पर प्रमाण पत्र," शब्द और अंक रखे जाएंगे;

(ग) उप-धारा 4 में, "उद्धरण" शब्द के स्थान पर "प्रमाण पत्र" शब्द रखे जाएंगे ।

8. नियम 16 का संशोधन.—उक्त नियमों के नियम 16 के उप-नियम (2) में निम्नलिखित उप-नियम रखा जाएगा, अर्थात्:—

"(2) ऐसा कोई अपराध ऐसी राशि के संदाय पर जो धारा 23 की उप-धारा (1), (2) और (4) के अधीन अपराधों के लिए दो सौ पचास रुपए राशि और उप-धारा (3) के अधीन अपराधों के लिए पचास रुपए तथा उप-धारा (1 क) और (4 क) के अधीन आने वाले प्रत्येक जन्म और मृत्यु की बाबत अपराधों के लिए एक सौ रुपए से अधिक होगी, प्रशमन किया जा सकेगा, जैसा उक्त अधिकारी उचित समझे";

9. नियम 16 का अन्तः स्थापन.—मूल नियमों के नियम 16 के पश्चात निम्नलिखित नियम का अन्तः स्थापित किया जाएगा, अर्थात्:—

"16 क अपील-धारा 25 क की उप-धारा (1) के अधीन अपील प्ररूप संख्या 15 में प्रस्तुत की जाएगी ।"

10. नियम 17 का संशोधन.—उक्त नियमों के नियम 17 में,—

(क) उप-धारा (2) में, "रजिस्ट्रार द्वारा धारा 13 के अधीन प्राप्त विलम्बित रजिस्ट्रीकरण की अनुमति देने की लिए न्यायालय आदेश और विनिर्दिष्ट प्राधिकारी के आदेश," शब्दों और अंकों के स्थान पर "रजिस्ट्रार द्वारा प्राप्त धारा 13 की उप-धारा (2) के अधीन प्रदान की गई अनुज्ञा और धारा 13 की उप-धारा (3) के अधीन विलम्बित रजिस्ट्रीकरण के लिए जारी किए गए आदेशों," शब्द, कोष्ठक, अंक और चिन्ह रखे जाएंगे;

(ख) उप-नियम (3) में, "उप-नियम (3)" शब्दों, कोष्ठक और अंक के स्थान पर "उप-नियम (2) और (3) शब्द, कोष्ठक और अंक रखे जाएंगे ।

11. प्ररूपों का संशोधन.—उक्त नियमों में, प्ररूप 1, 1 क, 2, 3, 4, 4 क, 5, 6, 7, 8, 9, 10, 11, 12 और 13 के स्थान पर निम्नलिखित प्ररूप रखे जाएंगे और तत्पश्चात प्ररूप संख्या 14 और 15 अन्तः स्थापित किए जाएंगे, अर्थात्:—

*** FORM NO.1**
(See rule 5)
BIRTH REPORT
Legal Information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Birth Register

FORM NO.1
(See rule 5)
BIRTH REPORT
Statistical information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

- Date of Birth:** DD - MM - YYYY
- Sex:** (Enter "Male" or "Female" or "Transgender person"):
- Child's Details (If not named, leave blank):-**
 - Name, if any: First Name Middle Name Last Name
 - Aadhaar No. (if available):
- Father's Details:-**
 - Name: First Name Middle Name Last Name
 - Aadhaar No. (if available):
 - Mobile No:
 - Email Id:
- Mother's Details:-**
 - Name: First Name Middle Name Last Name
 - Aadhaar No. (if available):
 - Mobile No:
 - Email Id:
- Address of parents at the time of Birth of the Child:** House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:
- Permanent address of parents:** House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:
- Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place):**
 - Hospital / Institution Name:
 - House 3. Other place Address: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:
- Informant's Details:**
 - Name: First Name Middle Name Last Name
 - Aadhaar No. (if available):
 - Mobile No:
 - Email Id:
 - Address: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:

DECLARATION:
 I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 22, informant will put date and signature)

To be filled by the informant

- Town or Village of Residence of the mother (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name):** Town or Village: Sub-district: District: State or Union Territory: PIN Code:
- For Religion (Enter appropriate religion "Hindu" or Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"): (a) Religion of Father: (b) Religion of Mother:**
- Father's level of education:**
- Mother's level of education:**
- Father's Occupation:**
- Mother's Occupation:**
- Age of the mother (in completed years) at the time of marriage (if married more than once, age at first marriage is to be written):**
- 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):**
 - 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):**
 - Natural
 - Caesarean
 - Forceps/Vacuum
- Birth Weight (in kgs.) (if available):**
- Duration of pregnancy (in weeks):**

(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)

To be detached and sent for statistical processing

Date: DD - MM - YYYY Signature or left thumb mark of the Informant

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

To be filled by the Registrar

Registration No. :
Registration Date: DD - MM - YYYY
Registration Unit:
Town / Village:
Sub-District:
District:
Remarks (if any):

Name and Signature of the Registrar

To be filled by the Registrar

Name	Code No.
District	
Sub-District	
Town/Village:	

Registration Unit:
Registration No. :
Registration Date: DD - MM - YYYY
Date of Birth: DD - MM - YYYY
Sex: Male / Female / Transgender person
Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 1: BIRTH REPORT

Item No.	Instructions																									
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,5,9	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If child is not named, leave blank. Birth can be registered without name of the child. However, name of child can be inserted, free of charge, within 12 months of registration (Refer Rule 10 of State Rules).																									
6,7,8,9	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																									
8	Tick the appropriate entry for place of birth 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place.																									
10	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.																									
12,13	Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1.Pre-Primary</td> <td>6.Class 5</td> <td>11.Class 10</td> <td>16. Bachelor Undergraduate</td> <td>21. Literate without formal education</td> </tr> <tr> <td>2.Class 1</td> <td>7.Class 6</td> <td>12.Class 11</td> <td>17. PG Diploma</td> <td>22. Illiterate</td> </tr> <tr> <td>3.Class 2</td> <td>8.Class 7</td> <td>13.Class 12</td> <td>18. Master / Post graduate</td> <td></td> </tr> <tr> <td>4.Class 3</td> <td>9.Class 8</td> <td>14.ITI</td> <td>19. M.Phil</td> <td></td> </tr> <tr> <td>5.Class 4</td> <td>10.Class 9</td> <td>15.Diploma Certificate</td> <td>20. Doctorate & above</td> <td></td> </tr> </tbody> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	1.Pre-Primary	6.Class 5	11.Class 10	16. Bachelor Undergraduate	21. Literate without formal education	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		4.Class 3	9.Class 8	14.ITI	19. M.Phil		5.Class 4	10.Class 9	15.Diploma Certificate	20. Doctorate & above	
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5.Class 4	10.Class 9	15.Diploma Certificate	20. Doctorate & above																							
14, 15	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker																									

Note: The informant must ensure that no item in the Birth Report Form is left blank to the extent possible.

FORM NO.1A (Legal information) (See rule 5)
BIRTH REPORT FOR ADOPTED CHILD
 [SEE REVERSE FOR INSTRUCTIONS]

This part to be added to the Birth Register

To be filled by the Informant

1*. Date of Birth:

2*. Sex (Enter 'Male' or 'Female' or 'Transgender person'):

3. Child's details (if name is changed on adoption, write new name):-
 (a) Name of the Child
 (b) Aadhaar No. (if available):

4*. Mother's Details (if known):-
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

5*. Father's Details (if known):-
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

6. Details of adoption deed / order:-
 (a) Date:
 (b) Number of Adoption deed / order:

7. Adoptive Mother's Details:-
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

8. Adoptive Father's Details:-
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

9. Address of adoptive parents as recorded in Adoption deed / order: House No: _____
 Locality: _____ Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

10. Permanent address of adoptive parents: House No: _____ Locality: _____
 Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

11*. Place of birth: (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the 'institution' or the address of the 'house' or 'Other place' where the birth took place):
 1. Hospital / Institution Name: _____
 2. House 3. Other place Address: House No. _____ Locality: _____
 Ward number (in case of town and if available): _____ Town or Village: _____
 Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

12. If adoption through agency write the address of the Adoption agency: House No: _____
 Locality: _____ Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

13. Informant's Details:-
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:
 (e) Address: House No: _____ Locality: _____ Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

DECLARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.
 (After completing all columns 1 to 16, Informant will put date and signature)

Date: Signature or left thumb mark of the Informant

FORM NO.1A Statistical Information (See rule 5)
BIRTH REPORT FOR ADOPTED CHILD
 [SEE REVERSE FOR INSTRUCTIONS]

This part to be detached and sent for statistical processing

To be filled by the Informant

14. For Religion [Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]
 (a) Religion of Adoptive Father:
 (b) Religion of Adoptive Mother:

15. Adoptive Father's level of education:
 16. Adoptive Mother's level of education:
 17. Adoptive Father's Occupation:
 18. Adoptive Mother's Occupation:

To be detached and sent for statistical processing

(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: _____ Sub-District: _____
 District: _____
 Remarks (if any): _____

Name and Signature of the Registrar

To be filled by the Registrar

Name	Code No.
District	
Sub-District	
Town/Village	

Registration Unit : _____ Registration No. : _____
 Registration Date:
 Date of Birth:
 Sex: Male / Female / Transgender person
 Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 1A: BIRTH REPORT FOR ADOPTED CHILD

Item No.	Instructions																									
1, 6	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g. 01-01-2023 shall be written as First January two thousand twenty three. If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as the case may be. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,5,7,8,13	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].																									
9,10,11,12,13	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																									
15,16	Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1.Pre-Primary</td> <td>6.Class 5</td> <td>11.Class 10</td> <td>16. Bachelor Undergraduate</td> <td>21. Literate without formal education</td> </tr> <tr> <td>2.Class 1</td> <td>7.Class 6</td> <td>12.Class 11</td> <td>17. PG Diploma</td> <td>22. Illiterate</td> </tr> <tr> <td>3.Class 2</td> <td>8.Class 7</td> <td>13.Class 12</td> <td>18. Master / Post graduate</td> <td></td> </tr> <tr> <td>4.Class 3</td> <td>9.Class 8</td> <td>14.ITI</td> <td>19. M.Phil</td> <td></td> </tr> <tr> <td>5.Class 4</td> <td>10.Class 9</td> <td>15.Diploma / Certificate</td> <td>20. Doctorate & above</td> <td></td> </tr> </tbody> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	1.Pre-Primary	6.Class 5	11.Class 10	16. Bachelor Undergraduate	21. Literate without formal education	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		4.Class 3	9.Class 8	14.ITI	19. M.Phil		5.Class 4	10.Class 9	15.Diploma / Certificate	20. Doctorate & above	
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17,18	Occupation - Write one of following— <ol style="list-style-type: none"> 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker 																									

Note: The informant responsible for reporting birth event of adopted child shall be as per the Registration of Births and Deaths Act, 1969 (amended in 2023).

The informant must ensure that no item in the form for Birth Report for Adopted Child is left blank to the extent possible.

FORM NO.2 (See rule 5)
DEATH REPORT
Legal Information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Death Register

To be filled by the Informant

1. Date of Death: DD - MM - YYYY

2. Deceased's Details:-
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No. (if available):
(c) Date of Birth (if available): DD - MM - YYYY
(d) Age:

3. Sex (Enter "Male" or "Female" or "Transgender person"):

4. Mother's Details:-
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No. (if available):
(c) Mobile No.:
(d) Email Id:

5. Father's Details:-
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No. (if available):
(c) Mobile No.:
(d) Email Id:

6. Spouse's (husband / wife) Details:-
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No. (if available):
(c) Date of Birth (if available): DD - MM - YYYY
(d) Age (in completed years):
(e) Mobile No.:
(f) Email Id:

7. Address of the deceased at the time of death: House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

8. Permanent address of the deceased: House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

9. Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the death took place):
1. Hospital / Institution Name:
2. House 3. Other place Address: House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

10. Informant's Details:-
(a) Name: First Name Middle Name Last Name
(b) Aadhaar No. (if available):
(c) Mobile No.:
(d) Email Id:
(e) Address: House No.:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

DECLARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.
 To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.
(After completing all columns 1 to 21, Informant will put date and signature)

Date: DD - MM - YYYY Signature or left thumb mark of the Informant

To be filled by the Registrar

Registration No. :
Registration Date: DD - MM - YYYY
Registration Unit:
Town / Village:
Sub-District:
District:
Remarks (if any):
Cause of Death (as per Form 4 / 4A):

Name and Signature of the Registrar

FORM NO.2 (See rule 5)
DEATH REPORT
Statistical Information
[SEE REVERSE FOR INSTRUCTIONS]
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 usually lived. This can be different from the place where the death occurred. Tick appropriate entry "Town" or "Village" and write its name):
Town or Village: Sub-district:
District: State or Union Territory:
PIN Code:

12. Religion (Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"):

13. Occupation of the deceased:

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

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?

To be detached and sent for statistical processing

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

To be filled by the Registrar

Name	Code No.
District	
Sub-District	
Town/Village	

Registration Unit:
Registration No. :
Registration Date: DD - MM - YYYY
Date of Death: DD - MM - YYYY
Sex: Male / Female / Transgender person
Age of deceased:
Place of death: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 2: DEATH REPORT

Item No.	Instructions
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
2,4,5,6,10	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].
3	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.
2(d)	If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours.
7,8,9,10	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.
9	For Place of death tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the death took place.
11	Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner (Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee (Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker

Note: The informant must ensure that no item in the Death Report Form is left blank to the extent possible.

FORM NO.3
(See rule 5)
STILL BIRTH REPORT
Legal Information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Still Birth Register

FORM NO.3
(See rule 5)
STILL BIRTH REPORT
Statistical Information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

1. Date of Birth :

2. Sex (Enter 'Male' or 'Female' or 'Transgender person') :

3. Father's Details:-
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

4. Mother's Details:-
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

5. Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place):
 1. Hospital / Institution Name : _____
 2. House 3. Other place Address: House No. _____ Locality: _____
 Ward number (in case of town and if available): _____ Town or Village: _____
 Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

6. Informant's Details:
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:
 (e) Address: House No: _____
 Locality: _____ Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

DECLARATION:
 I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

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

To be filled by the informant

7. Town or village of Residence of the mother (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name):
 Town or Village: _____ Sub-district: _____
 District: _____ State or Union Territory: _____
 PIN Code:

8. Age of the mother (in completed years) at the time of this birth :

9. Mother's level of education:

10. Type of attention at delivery (Tick the appropriate entry below):
 1. Institutional-Government
 2. Institutional - Private or Non-Government
 3. Doctor, Nurse or Trained Midwife
 4. Traditional Birth Attendant
 5. Relatives or others

11. Duration of pregnancy (in weeks) :

12. Cause of foetal death (if known):

(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)

To be detached and sent for statistical processing

(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: _____
 Sub-District: _____
 District: _____
 Remarks (if any): _____

Name and Signature of the Registrar

To be filled by the Registrar

Name	Code No.
District	
Sub-District	
Town/Village :	

Registration Unit : _____
 Registration No. : _____
 Registration Date:
 Date of Birth :
 Sex : Male / Female / Transgender person
 Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 3: STILL BIRTH REPORT

Item No.	Instructions																									
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g. 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,6	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].																									
5,6	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																									
5	For Place of birth tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place.																									
7	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.																									
9	Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. Pre-Primary</td> <td>6. Class 5</td> <td>11. Class 10</td> <td>16. Bachelor Undergraduate</td> <td>21. Literate without formal education</td> </tr> <tr> <td>2. Class 1</td> <td>7. Class 6</td> <td>12. Class 11</td> <td>17. PG Diploma</td> <td>22. Illiterate</td> </tr> <tr> <td>3. Class 2</td> <td>8. Class 7</td> <td>13. Class 12</td> <td>18. Master / Post graduate</td> <td></td> </tr> <tr> <td>4. Class 3</td> <td>9. Class 8</td> <td>14. ITI</td> <td>19. M.Phil</td> <td></td> </tr> <tr> <td>5. Class 4</td> <td>10. Class 9</td> <td>15. Diploma Certificate</td> <td>20. Doctorate & above</td> <td></td> </tr> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	1. Pre-Primary	6. Class 5	11. Class 10	16. Bachelor Undergraduate	21. Literate without formal education	2. Class 1	7. Class 6	12. Class 11	17. PG Diploma	22. Illiterate	3. Class 2	8. Class 7	13. Class 12	18. Master / Post graduate		4. Class 3	9. Class 8	14. ITI	19. M.Phil		5. Class 4	10. Class 9	15. Diploma Certificate	20. Doctorate & above	
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4. Class 3	9. Class 8	14. ITI	19. M.Phil																							
5. Class 4	10. Class 9	15. Diploma Certificate	20. Doctorate & above																							
12.	Cause of foetal death – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. Bleeding (Haemorrhage)</td> <td>7. Diabetes in the mother</td> <td>13. Infection in the mother Parvovirus B19</td> </tr> <tr> <td>2. Problems with Placental</td> <td>8. Infection in the mother Coxsackie virus</td> <td>14. Infection in the mother Q fever</td> </tr> <tr> <td>3. Problem with umbilical cord</td> <td>9. Infection in the mother Herpes simplex</td> <td>15. Infection in the mother Rubella (German measles)</td> </tr> <tr> <td>4. Pre-eclampsia</td> <td>10. Infection in the mother Leptospirosis</td> <td>16. Infection in the mother Flu</td> </tr> <tr> <td>5. Genetic physical defect in the baby</td> <td>11. Infection in the mother Lyme disease</td> <td>17. Infection in the mother Toxoplasmosis</td> </tr> <tr> <td>6. Liver disorder in the mother (obstetric cholestasis)</td> <td>12. Infection in the mother Malaria</td> <td>18. Not stated</td> </tr> </table>	1. Bleeding (Haemorrhage)	7. Diabetes in the mother	13. Infection in the mother Parvovirus B19	2. Problems with Placental	8. Infection in the mother Coxsackie virus	14. Infection in the mother Q fever	3. Problem with umbilical cord	9. Infection in the mother Herpes simplex	15. Infection in the mother Rubella (German measles)	4. Pre-eclampsia	10. Infection in the mother Leptospirosis	16. Infection in the mother Flu	5. Genetic physical defect in the baby	11. Infection in the mother Lyme disease	17. Infection in the mother Toxoplasmosis	6. Liver disorder in the mother (obstetric cholestasis)	12. Infection in the mother Malaria	18. Not stated							
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5. Genetic physical defect in the baby	11. Infection in the mother Lyme disease	17. Infection in the mother Toxoplasmosis																								
6. Liver disorder in the mother (obstetric cholestasis)	12. Infection in the mother Malaria	18. Not stated																								

Note: The informant must ensure that no item in the Still Birth Report Form is left blank to the extent possible.

FORM NO. 4

(See rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital In-patients. Not to be used for still births)

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

A copy of this certificate to be provided to the nearest relative of the deceased

Name of the Hospital

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

on

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

 at A.M./P.M.

NAME OF DECEASED:		First Name	Middle Name	Last Name	For use of Statistical Office
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female 3. Transgender person					
CAUSE OF DEATH					Interval between onset and 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)			
II Other significant conditions contributing to the death but not related to the disease or condition causing it		(c)			

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:

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

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased : To be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If deceased is an infant, not yet named at time of death, leave blank.

Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month 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, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be 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 course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

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

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

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

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

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

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

Example : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonate, 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, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death : Deaths not due to external cause should be identified as "Natural". If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as "Pending investigation".

In accordance with the provisions of section 10(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the Registrar and a copy of the same to the nearest relative of the deceased.

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 given to the person required under the Registration of Births and Deaths Act, 1969 (amended in 2023) to give information concerning the death to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt./Km.....Son /Wife/ Daughter ofresident of was under my treatment from to and he/she died

on

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

 at.....AM./P.M.

NAME OF DECEASED:		First Name	Middle Name	Last Name	For use of Statistical Office
Sex	Age at Death				
		If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours
1. Male 2. Female 3. Transgender Person					
CAUSE OF DEATH					Interval between onset and 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)			
II Other significant conditions contributing to the death but not related to the disease or condition causing it		(c)			

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 verification :

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

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be provided in the following format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If deceased is an infant, not yet named at time of death, leave blank.

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, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be 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 course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

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

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

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

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

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

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

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

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

In accordance with the provisions of section 10(3) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.



प्रपत्र- 5

Form-5

सं. No.

State
Govt.
Emblem

..... सरकार
GOVERNMENT OF

..... विभाग/ .. (प्रमाणपत्र जारी करने वाले स्थानीय निकाय का
नाम).....
DEPARTMENT OF / (Name of local body issuing certificate).



जन्म प्रमाण-पत्र BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 (2023 में संशोधित) की धारा 12 / 17 तथा....(राज्य का नाम).....जन्म और मृत्यु रजिस्ट्रीकरण (संशोधित) नियम, .. (संशोधित नियम को अधिसूचित किए जाने का वर्ष).....के नियम 8 / 13 के अंतर्गत जारी किया गया)
(Issued under Section 12 / 17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rule 8 / 13 of the (Name of State)..... Registration of Births and Deaths (Amendment) Rules..... (Year of notifying the revised rules).

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र)
..... उप-जिला.....

जिला राज्य के रजिस्टर में उल्लिखित है।

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

नाम/Name:

लिंग/Sex.....

जन्म तिथि/Date of Birth.....

जन्म स्थान/Place of birth.....

माता का नाम/Name of Mother.....

माता का आधार नं. /Aadhaar No. of Mother:

पिता का नाम/Name of Father

पिता का आधार नं. /Aadhaar No. of Father:

बच्चे के जन्म के समय माता पिता का पता /

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

माता पिता का स्थायी पता/

Permanent address of parents:

.....

.....

.....

.....

.....

.....

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 एवम् मृत्यु का पंजीकरण सुनिश्चित करें/ Ensure registration of every birth and death



प्रपत्र- 6
Form-6

सं. No.
State
Govt.
Emblem

..... सरकार
GOVERNMENT OF

..... विभाग/..... (प्रमाणपत्र जारी करने वाले स्थानीय निकाय का नाम) ...
DEPARTMENT OF..... / (Name of local body issuing certificate).



मृत्यु प्रमाण पत्र
DEATH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रिकरण अधिनियम, 1969 (2023 में संशोधित) की धारा 12 / 17 तथा..... (राज्य का नाम)..... जन्म और मृत्यु रजिस्ट्रिकरण (संशोधन) नियम, ... (संशोधित नियम को अधिसूचित किए जाने का वर्ष)..... के नियम 8 / 13 के अंतर्गत जारी किया गया)

(Issued under Section 12 / 17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rule 8 / 13 of the (Name of State)..... Registration of Births and Deaths (Amendment) Rules..... (Year of notifying the revised rules).

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मृत्यु के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र)
..... उप-जिला.....

जिला राज्य के रजिस्टर में उल्लिखित है।

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

नाम/Name:

मृतक का आधार नं० /Aadhaar No. of deceased:

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

लिंग/Sex.....

मृत्यु की तिथि/Date of Death.....

मृत्यु का स्थान/Place of Death.....

माता का नाम/Name of Mother.....

माता का आधार नं० /Aadhaar No. of Mother:

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

पिता का नाम/Name of Father.....

पिता का आधार नं० /Aadhaar No. of Father:

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

पति/पत्नी का नाम/Name of Husband / Wife.....

पति/पत्नी का आधार नं० /Aadhaar No. of Husband / Wife:

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

मृतक का मृत्यु के समय का पता/ मृतक का स्थायी पता/
Address of the deceased at the time of death: 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 एवम् मृत्यु का पंजीकरण सुनिश्चित करें/ Ensure registration of every birth and death

FORM NO.7
(See rule 12)
BIRTH REGISTER
Legal information

This part to be added to the Birth Register

To be filled by the informant

1. **Date of Birth:** - -

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

3. **Child's Details (if not named, leave blank) :-**
 (a) Name, if any:
 (b) Aadhaar No. (if available):

4. **Father's Details:-**
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

5. **Mother's Details:-**
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

6. **Address of parents at the time of Birth of the Child:** House No: _____
 Locality: _____ Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

7. **Permanent address of parents:** House No: _____
 Locality: _____ Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

8. **Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :**
 1. Hospital / Institution Name: _____
 2. House Address: House No: _____
 Locality: _____ Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

9. **Informant's Details:**
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:
 (e) Address: House No: _____
 Locality: _____ Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

DECLARATION:
 I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.
 (After completing all columns 1 to 23, Informant will put date and signature)

Date: - - Signature or left thumb mark of the Informant

To be filled by the Registrar

Registration No. : _____
 Registration Date: - -
 Registration Unit: _____
 Town / Village: _____
 Sub-District: _____
 District: _____
 Remarks (If any): _____

Name and Signature of the Registrar

FORM NO.8
(See rule 12)
DEATH REGISTER
Legal Information

This part to be added to the Death Register

To be filled by the Informant

1. **Date of Death** - -

2. **Deceased's Details:-**
 (a) **Name:**
 (b) **Aadhaar No. (if available):**
 (c) **Date of Birth (if available):** - -
 (d) **Age:**

3. **Sex (Enter "Male" or "Female" or "Transgender person"):**

4. **Mother's Details:-**
 (a) **Name:**
 (b) **Aadhaar No. (if available):**
 (c) **Mobile No:**
 (d) **Email Id:**

5. **Father's Details:-**
 (a) **Name:**
 (b) **Aadhaar No. (if available):**
 (c) **Mobile No:**
 (d) **Email Id:**

6. **Spouse's (husband / wife) Details:-**
 (a) **Name:**
 (b) **Aadhaar No. (if available):**
 (c) **Date of Birth (if available):** - -
 (d) **Age (In completed years):**
 (e) **Mobile No:**
 (f) **Email Id:**

7. **Address of the deceased at the time of death:** **House No:**
Locality: **Ward number (In case of town and if available):**
Town or Village: **Sub-district:** **District:**
State or Union Territory: **PIN Code:**

8. **Permanent address of the deceased:** **House No:**
Locality: **Ward number (In case of town and if available):**
Town or Village: **Sub-district:** **District:**
State or Union Territory: **PIN Code:**

9. **Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the death took place):**
 1. Hospital / Institution **Name:**
 2. House 3. Other place **Address:** **House No:**
Locality: **Ward number (In case of town and if available):**
Town or Village: **Sub-district:** **District:**
State or Union Territory: **PIN Code:**

10. **Informant's Details:-**
 (a) **Name:**
 (b) **Aadhaar No. (if available):**
 (c) **Mobile No:**
 (d) **Email Id:**
 (e) **Address:** **House No.:**
Locality: **Ward number (In case of town and if available):**
Town or Village: **Sub-district:** **District:**
State or Union Territory: **PIN Code:**

DECLARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.
 To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

(After completing all columns 1 to 21, Informant will put date and signature)
Date: - -
Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No.: - -

Registration Date: - -

Registration Unit:

Town / Village: **Sub-District:** **District:**

Remarks (if any):

Cause of death (As per Form 4 / 4A):

Name and Signature of the Registrar

FORM NO.9
(See rule 12)
STILL BIRTH REGISTER
Legal Information

This part to be added to the Still Birth Register

<i>To be filled by the Informant</i>	
1.	Date of Birth : <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
2.	Sex (Enter "Male" or "Female" or "Transgender person") :
3.	Father's Details:-
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text" value="Aadhaar No."/>
(c)	Mobile No: <input type="text" value="Mobile No."/>
(d)	Email Id: <input type="text" value="Email Id"/>
4.	Mother's Details:-
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text" value="Aadhaar No."/>
(c)	Mobile No: <input type="text" value="Mobile No."/>
(d)	Email Id: <input type="text" value="Email Id"/>
5.	Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :
	1. Hospital / Institution Name :
	2. House 3. Other place Address : House No. Locality:
	Ward number (in case of town and if available); Town or Village;
	Sub-district: District:
	State or Union Territory: PIN Code: <input type="text" value="PIN Code"/>
6.	Informant's Details:
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text" value="Aadhaar No."/>
(c)	Mobile No: <input type="text" value="Mobile No."/>
(d)	Email Id: <input type="text" value="Email Id"/>
(e)	Address : House No:
	Locality: Ward number (in case of town and if available):
	Town or Village: Sub-district: District:
	State or Union Territory: PIN Code: <input type="text" value="PIN Code"/>
DECLARATION:	
<input type="checkbox"/> I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.	
<i>(After completing all columns 1 to 12, Informant will put date and signature)</i>	
Date:	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Signature or left thumb mark of the informant	<input type="text" value="Signature"/>
<i>To be filled by the Registrar</i>	
Registration No. :	
Registration Date: <input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Registration Unit :	
Town / Village:	
Sub-District:	
District:	
Remarks (if any):	
Name and Signature of the Registrar	

FORM No.10
(See rule 13)

NON-AVAILABILITY CERTIFICATE
(Issued under Section 17 of the Registration of Births & Deaths Act, 1969 (amended in 2023))

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

Date :

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

Signature of issuing authority

Seal

FORM No. 11(See rule 14)**SUMMARY MONTHLY REPORT OF BIRTHS**

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

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

6. Time Gap in Birth registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total* (a + b + c + d):

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

Signature and Name
of the Registrar

Date :

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

Submitted to the Chief Registrar/District Registrar

FORM No. 12 (See rule 14)**SUMMARY MONTHLY REPORT OF DEATHS**

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

Deaths (Including all Infant deaths & Child Deaths & Maternal Deaths)				Infants Deaths (Age less than one year)				Child Deaths (Age one year or more but less than five years)				Maternal Deaths
Male	Female	Transgender Person	Total*	Male	Female	Transgender Person	Total	Male	Female	Transgender Person	Total	

6. Time Gap in Death registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total* (a + b + c + d):

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

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

Signature and Name
of the Registrar

Date :

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

Submitted to the Chief Registrar/District Registrar

FORM No. 13 (See rule 14)

SUMMARY MONTHLY REPORT OF STILL BIRTHS

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

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

5. Time Gap in Birth registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total* (a + b + c + d):

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

Signature and Name
of the Registrar

Date :

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

Submitted to the Chief Registrar/District Registrar

Form No. 14
(See rule 9)

Format of Self-attested document for Delayed Reporting of BIRTH / DEATH under Section 13(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023)

DECLARATION

I.....,son/daughter/wife of
.....,resident of do
hereby declare that:

1. I am the informant for the delayed reporting of Birth / Death of ____ (name of child / deceased) _____ son/daughter/spouse of
2. He / she was born / died on ____ (date of birth / death) _____ at (place of birth / death).....;
3. He / she was attended at birth /death by _____ who resides at _____;
4. The reason(s) for the delay in, reporting of his / her birth /death are _____;
5. His / her birth / death certificate is required for the purpose of _____;

DECLARATION:

I, declare that the above information is true and I have not reported the above event to any Registrar and no birth / death certificate has been issued in this respect, to the best of my knowledge and belief.

Name and Signature or
thumb mark of the informant

Date

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

Notes:

1. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.

2. Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].

3. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.

Form No. 15
(See rule 16 A)
FORM FOR APPEAL

(To be submitted to District Registrar / Chief Registrar)
(under Section 25(A) of the Registration of Births and Deaths Act, 1969 (amended in 2023))

1. Aggrieved by an action or order of: Registrar / District Registrar or any officer authorized to act as Registrar / District Registrar (details of office to be provided as below)

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

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

--

DECLARATION:

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

(Signature of the appellant)

Date

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

Appellant details:

Name	Address	Aadhaar no.	Email Id	Mobile No.

Notes:

1. Please retain a copy of this form for your own records.
2. Appeal, if any, must be submitted to District Registrar / Chief Registrar within a period of 30 days from the date of such action or receipt of such order with which the person is being aggrieved.
3. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
4. Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].
5. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code."

By order of the Governor

()
Secretary to the Government of

32

आदेश द्वारा,

एम. सुधा देवी,
सचिव (स्वास्थ्य) I

[Authoritative English text of this Department Notification Number Health-A-F(5)2/2022 dated 13-01-2025 as required under clause (3) of Article 348 of the Constitution of India].

HEALTH AND FAMILY WELFARE DEPARTMENT

NOTIFICATION

Dated, the 13th January, 2025

File No. Health-A-F(5)2/2022.—In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (18 of 1969) the Governor of Himachal Pradesh with the approval of the Central Government, is pleased to make the following rules further to amend the Himachal Pradesh Registration of Births and Deaths Rules, 2003 notified *vide* this Department notification No. HFW-B(A)2-1/94-Vol.-II, dated 31st January, 2003 and published in the Rajpatra, Himachal Pradesh dated 17-05-2003, namely:—

1. Short title and commencement.—(1) These rules may be called the Himachal Pradesh Registration of Births and Deaths (Amendment) Rules, 2024.

(2) They shall come into force from the date of their publication in the Rajpatra (e-Gazette), Himachal Pradesh.

2. Amendment of Rule 5.—In the Himachal Pradesh Registration of Births and Deaths Rules, 2003 (hereinafter referred to as the “said rules”), in rule 5, after sub-rule (3), the following sub-rules shall be inserted, namely:—

- (4) Name, wherever it occurs, in Forms referred to in these rules shall be provided in the format of (first name) (middle name) (last name) and the name shall not contain any abbreviations.
- (5) Date, wherever it occurs, in Forms referred to in these rules shall be provided in the format of dd-mm-yyyy, where dd is the date in two digits, mm is the month in two digits and yyyy is the year in four digits.
- (6) The address, wherever it occurs, in Forms referred to in these rules shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.”.

3. Amendment of rule 7.—In rule 7 of the said rules.—

- (a) after the words “certificate as to the cause of death”, the words, “ including the history of illness, if any,” shall be inserted;
- (b) for the words, brackets and figure “sub-section (3)”, the words, brackets and figures “sub-sections (2) and (3)” shall be substituted; and
- (c) for the words, figures and letter “Form No. 4 or 4A”, the words, figures and letter “Form No. 4 and 4A respectively” shall be substituted.

4. Amendment of rule 8.—In rule 8 of the said rules,—

- (a) in the marginal heading, for the words “Extracts of registration entries”, the words “Certificate of registration of births or deaths to be given” shall be substituted;

- (b) in sub-rule (1),—
- (i) for the words “extracts of particulars”, the words “certificate of birth or death extracted” shall be substituted;
 - (ii) after the words “given to an informant”, the words, “electronically or otherwise,” shall be inserted;
- (c) for sub-rule (2), the following sub-rule shall be substituted, namely:—
- “(2) In the case of domiciliary events of births and deaths, as the case may be, referred to in clause (a), (aa), (ab) and (ac) of sub-section (1) of section 8 which are reported direct to the Registrar of Births and Deaths, the head of the house or household, as the case may be, or, in his absence, the nearest relative of the head present in the house, or, in his absence, the oldest adult person present, the adoptive parents, the parent, and the biological parent, as the case may be, may obtain electronically or otherwise the certificate of birth or death from the Registrar within thirty days of its reporting.
- (d) in sub-rule (3),—
- (i) after the words “shall transmit”, the words and signs “electronically or otherwise,” shall be inserted;
 - (ii) for the word “extracts”, the word “certificate” shall be substituted;
 - (iii) after the words “present in the house”, the words and signs “or, in his absence, the oldest adult person present,” shall be inserted;
- (e) in sub-rule (4),—
- (i) for the words, brackets and letters “birth and deaths referred to in clauses (d) to (e)”, the words, brackets and letters “births and deaths, as the case may be, referred to in clauses (b), (c), (d), (da), (dc) and (e)” shall be substituted;
 - (ii) for the word “collect”, the words “obtain electronically or otherwise” shall be substituted;
 - (iii) for the word “extract”, the word “certificate” shall be substituted;
- (f) in sub-rule (5), for the word “extract”, the word “certificate” shall be substituted.

5. Amendment of rule 9.—In rule 9 of the said rules, —

- (a) in sub-rule (1), for the words “rupee two”, the words “twenty rupees” shall be substituted;
 - (b) for sub-rules (2) and (3), the following sub-rules shall be substituted, namely:—
- “(2) Any birth or death of which delayed information is given to the Registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of the District Registrar or the officer prescribed in this behalf and on payment of a late fee of fifty rupees and on production of self-attested document, electronically or otherwise, in Form No. 14.

- (3) Any birth or death of which delayed information is given to the Registrar after one year of its occurrence, shall be registered only on an Order made by a District Magistrate or Sub-Divisional Magistrate or by an Executive Magistrate authorized by the District Magistrate having jurisdiction over the area where the birth or death has taken place and on payment of a late fee of one hundred rupees.”

6. Amendment of Rule 12.—In rule 12 of the said rules, after the words, and figure “Forms No. 1”, the sign, figure and letter, “1A” shall be inserted.

7. Amendment of rule 13.—In rule 13 of the said rules,—

- (a) In sub-rule (1),—
- (i) for the words “an extract”, the words “a certificate of birth or death” shall be substituted;
- (ii) for the words, figures and sign “issued under section 17, shall be as follow”, the words, figures and signs “issued under section 17, electronically or otherwise, shall be as follows” shall be substituted;
- (iii) for the word, “Rs”, the word “Rupees” shall be substituted;
- (iv) for the figures “2.00”, wherever it occurs, the figures “20.00” shall be substituted respectively;
- (v) in clause (c),—
- (I) for the word “extract”, the word “certificate” shall be substituted;
- (II) for the figures “5.00”, the figures “50.00” shall be substituted;
- (b) in sub-rule (2), for the words “extract in regard to a birth or death shall be issued”, the words, figure and sign “certificate on the basis of extract from the register relating to birth or death shall be issued under section 17,” shall be substituted;
- (c) in sub-rule (4), for the word “extracts”, the word “certificate” shall be substituted.

8. Amendment of rule 16.—In rule 16 of the said rules, for sub-rule (2), the following sub-rule shall be substituted, namely:—

- “(2) Any such offence may be compounded on payment of such sum, not exceeding two hundred and fifty rupees for offences under sub-sections (1), (2) and (4), fifty rupees for offences under sub-section (3), and one thousand rupees in respect of each birth or death for offences under sub-sections (1A) and (4A) of section 23, as the said officer may think fit.”

9. Insertion of rule 16 A.—After rule 16 of the said rules, the following rule shall be inserted, namely:—

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

10. Amendment of rule 17.—In rule 17 of the said rules,—

- (a) in sub-rule (2), for the words and figures “court orders and orders of the specified authorities granting permission for delayed registration received under section 13 by the Registrar”, the words, brackets and figures “permission granted under sub-section (2) of section 13 and the orders issued under sub-section (3) of section 13 for delayed registration received by the Registrar shall be substituted;

(b) in sub-rule (3), for the words, brackets and figure “sub-section (3)”, the words, brackets and figures “sub-sections (2) and (3)” shall be substituted.

11. Amendment of forms.—In the said rules, for the Forms 1, 1A, 2, 3, 4, 4A, 5, 6, 7, 8, 9, 10, 11, 12 and 13, the following Forms shall be substituted and thereafter form No. 14 and 15 shall be inserted, namely:—

* FORM NO.1 (See rule 5) BIRTH REPORT Legal Information [SEE REVERSE FOR INSTRUCTIONS] <i>This part to be added to the Birth Register</i>	FORM NO.1 (See rule 5) BIRTH REPORT Statistical information [SEE REVERSE FOR INSTRUCTIONS] <i>This part to be detached and sent for statistical processing</i>												
<p><i>To be filled by the Informant</i></p> <p>1. Date of Birth: <input type="text" value="DD - MM - YYYY"/></p> <p>2. Sex (Enter "Male" or "Female" or "Transgender person"):</p> <p>3. Child's Details (If not named, leave blank) :- (a) Name, if any: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No. (if available): <input type="text" value="Aadhaar No."/></p> <p>4. Father's Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No. (if available): <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No."/> (d) Email Id: <input type="text" value="Email Id"/></p> <p>5. Mother's Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No. (if available): <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No."/> (d) Email Id: <input type="text" value="Email Id"/></p> <p>6. Address of parents at the time of Birth of the Child: House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <input type="text" value="PIN Code"/></p> <p>7. Permanent address of parents: House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <input type="text" value="PIN Code"/></p> <p>8. Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / institution" or the address of the "House" or "Other place" where the birth took place): 1. Hospital / Institution Name: _____ 2. House 3. Other place Address: House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <input type="text" value="PIN Code"/></p> <p>9. Informant's Details: (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No. (if available): <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No."/> (d) Email Id: <input type="text" value="Email Id"/> (e) Address: House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <input type="text" value="PIN Code"/></p> <p>DECLARATION: <input type="checkbox"/> I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.</p> <p><i>(After completing all columns 1 to 22, informant will put date and signature)</i></p> <p>Date: <input type="text" value="DD - MM - YYYY"/> Signature or left thumb mark of the Informant</p>	<p><i>To be filled by the Informant</i></p> <p>10. Town or Village of Residence of the mother (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name): Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <input type="text" value="PIN Code"/></p> <p>11. For Religion (Enter appropriate religion "Hindu" or Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"] (a) Religion of Father: (b) Religion of Mother:</p> <p>12. Father's level of education: 13. Mother's level of education:</p> <p>14. Father's Occupation: 15. Mother's Occupation:</p> <p>16. Age of the mother (in completed years) at the time of marriage (if married more than once, age at first marriage is to be written):</p> <p>17. Age of the mother (in completed years) at the time of this birth:</p> <p>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):</p> <p>19. Type of attention at delivery (Tick the appropriate entry below): 1. Institutional-Government 2. Institutional - Private or Non-Government 3. Doctor, Nurse or Trained Midwife 4. Traditional Birth Attendant 5. Relatives or others</p> <p>20. Method of Delivery (Tick the appropriate entry below): 1. Natural 2. Caesarean 3. Forceps/Vacuum</p> <p>21. Birth Weight (in kgs.) (if available): 22. Duration of pregnancy (in weeks):</p> <p><i>(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.)</i></p> <p style="text-align: center;"><i>(Columns to be filled are over. Now put signature at left)</i></p>												
<i>To be filled by the Registrar</i>	<i>To be filled by the Registrar</i>												
Registration No. : Registration Date: <input type="text" value="DD - MM - YYYY"/> Registration Unit : Town / Village: Sub-District: District: Remarks (if any): Name and Signature of the Registrar	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:30%;">Name</th> <th style="width:40%;">Code No.</th> </tr> </thead> <tbody> <tr> <td>District</td> <td></td> <td></td> </tr> <tr> <td>Sub-District</td> <td></td> <td></td> </tr> <tr> <td>Town/Village:</td> <td></td> <td></td> </tr> </tbody> </table> Registration Unit : Registration No. : Registration Date: <input type="text" value="DD - MM - YYYY"/> Date of Birth: <input type="text" value="DD - MM - YYYY"/> Sex : Male / Female / Transgender person Place of Birth: 1. Hospital/Institution 2. House 3. Other place Name and Signature of the Registrar		Name	Code No.	District			Sub-District			Town/Village:		
	Name	Code No.											
District													
Sub-District													
Town/Village:													

Instructions for completing the Form 1: BIRTH REPORT

Item No.	Instructions																									
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,5,9	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If child is not named, leave blank. Birth can be registered without name of the child. However, name of child can be inserted, free of charge, within 12 months of registration (Refer Rule 10 of State Rules).																									
6,7,8,9	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																									
8	Tick the appropriate entry for place of birth 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place.																									
10	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.																									
12,13	Level of Education – Write one of following— <table border="1"> <tbody> <tr> <td>1.Pre-Primary</td> <td>6.Class 5</td> <td>11.Class 10</td> <td>16. Bachelor Undergraduate</td> <td>21. Literate without formal education</td> </tr> <tr> <td>2.Class 1</td> <td>7.Class 6</td> <td>12.Class 11</td> <td>17. PG Diploma</td> <td>22. Illiterate</td> </tr> <tr> <td>3.Class 2</td> <td>8.Class 7</td> <td>13.Class 12</td> <td>18. Master / Post graduate</td> <td></td> </tr> <tr> <td>4.Class 3</td> <td>9.Class 8</td> <td>14.ITI</td> <td>19. M.Phil</td> <td></td> </tr> <tr> <td>5.Class 4</td> <td>10.Class 9</td> <td>15.Diploma Certificate</td> <td>20. Doctorate & above</td> <td></td> </tr> </tbody> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	1.Pre-Primary	6.Class 5	11.Class 10	16. Bachelor Undergraduate	21. Literate without formal education	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		4.Class 3	9.Class 8	14.ITI	19. M.Phil		5.Class 4	10.Class 9	15.Diploma Certificate	20. Doctorate & above	
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5.Class 4	10.Class 9	15.Diploma Certificate	20. Doctorate & above																							
14, 15	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker																									

Note: The informant must ensure that no item in the Birth Report Form is left blank to the extent possible.

FORM NO.1A (Legal information) (See rule 5)
BIRTH REPORT FOR ADOPTED CHILD
 [SEE REVERSE FOR INSTRUCTIONS]

This part to be added to the Birth Register

To be filled by the Informant

1*. Date of Birth:

2*. Sex (Enter 'Male' or 'Female' or 'Transgender person'):

3. Child's details (if name is changed on adoption, write new name):-
 (a) Name of the Child:
 (b) Aadhaar No. (if available):

4*. Mother's Details (if known):-
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

5*. Father's Details (if known):-
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

6. Details of adoption deed / order:-
 (a) Date:
 (b) Number of Adoption deed / order:

7. Adoptive Mother's Details:-
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

8. Adoptive Father's Details:-
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

9. Address of adoptive parents as recorded in Adoption deed / order: House No: _____
 Locality: _____ Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

10. Permanent address of adoptive parents: House No: _____ Locality: _____
 Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

11*. Place of birth: (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the 'institution' or the address of the 'house' or 'Other place' where the birth took place):
 1. Hospital / Institution Name: _____
 2. House 3. Other place Address: House No. _____ Locality: _____
 Ward number (in case of town and if available): _____ Town or Village: _____
 Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

12. If adoption through agency write the address of the Adoption agency: House No: _____
 Locality: _____ Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

13. Informant's Details:-
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:
 (e) Address: House No: _____ Locality: _____ Ward number (in case of town and if available): _____
 Town or Village: _____ Sub-district: _____ District: _____
 State or Union Territory: _____ PIN Code:

DECLARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.
 (After completing all columns 1 to 16, Informant will put date and signature)

Date: Signature or left thumb mark of the Informant

FORM NO.1A Statistical Information (See rule 5)
BIRTH REPORT FOR ADOPTED CHILD
 [SEE REVERSE FOR INSTRUCTIONS]

This part to be detached and sent for statistical processing

To be filled by the Informant

14. For Religion [Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"]

(a) Religion of Adoptive Father:
 (b) Religion of Adoptive Mother:

15. Adoptive Father's level of education:
 16. Adoptive Mother's level of education:
 17. Adoptive Father's Occupation:
 18. Adoptive Mother's Occupation:

To be detached and sent for statistical processing

(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: _____ Sub-District: _____
 District: _____
 Remarks (if any): _____

Name and Signature of the Registrar

To be filled by the Registrar

District	Name	Code No.
Sub-District		
Town/Village		

Registration Unit : _____ Registration No. : _____
 Registration Date:
 Date of Birth:
 Sex: Male / Female / Transgender person
 Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 1A: BIRTH REPORT FOR ADOPTED CHILD

Item No.	Instructions																									
1, 6	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g. 01-01-2023 shall be written as First January two thousand twenty three. If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as the case may be. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,5,7,8,13	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].																									
9,10,11,12,13	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																									
15,16	Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1.Pre-Primary</td> <td>6.Class 5</td> <td>11.Class 10</td> <td>16. Bachelor Undergraduate</td> <td>21. Literate without formal education</td> </tr> <tr> <td>2.Class 1</td> <td>7.Class 6</td> <td>12.Class 11</td> <td>17. PG Diploma</td> <td>22. Illiterate</td> </tr> <tr> <td>3.Class 2</td> <td>8.Class 7</td> <td>13.Class 12</td> <td>18. Master / Post graduate</td> <td></td> </tr> <tr> <td>4.Class 3</td> <td>9.Class 8</td> <td>14.ITI</td> <td>19. M.Phil</td> <td></td> </tr> <tr> <td>5.Class 4</td> <td>10.Class 9</td> <td>15.Diploma / Certificate</td> <td>20. Doctorate & above</td> <td></td> </tr> </tbody> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	1.Pre-Primary	6.Class 5	11.Class 10	16. Bachelor Undergraduate	21. Literate without formal education	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		4.Class 3	9.Class 8	14.ITI	19. M.Phil		5.Class 4	10.Class 9	15.Diploma / Certificate	20. Doctorate & above	
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5.Class 4	10.Class 9	15.Diploma / Certificate	20. Doctorate & above																							
17,18	Occupation - Write one of following— <ol style="list-style-type: none"> 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner (Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee (Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker 																									

Note: The informant responsible for reporting birth event of adopted child shall be as per the Registration of Births and Deaths Act, 1969 (amended in 2023).

The informant must ensure that no item in the form for Birth Report for Adopted Child is left blank to the extent possible.

FORM NO.2 (See rule 5) DEATH REPORT Legal Information <i>[SEE REVERSE FOR INSTRUCTIONS]</i> <i>This part to be added to the Death Register</i>	FORM NO.2 (See rule 5) DEATH REPORT Statistical Information <i>[SEE REVERSE FOR INSTRUCTIONS]</i> <i>This part to be detached and sent for statistical processing</i>								
<p><i>To be filled by the Informant</i></p> <p>1. Date of Death: <input type="text" value="DD - MM - YYYY"/></p> <p>2. Deceased's Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No. (if available): <input type="text" value="Aadhaar No."/> (c) Date of Birth (if available): <input type="text" value="DD - MM - YYYY"/> (d) Age: <input type="text" value="Age"/></p> <p>3. Sex (Enter "Male" or "Female" or "Transgender person"):</p> <p>4. Mother's Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No. (if available): <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No."/> (d) Email Id: <input type="text" value="Email Id"/></p> <p>5. Father's Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No. (if available): <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No."/> (d) Email Id: <input type="text" value="Email Id"/></p> <p>6. Spouse's (husband / wife) Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No. (if available): <input type="text" value="Aadhaar No."/> (c) Date of Birth (if available): <input type="text" value="DD - MM - YYYY"/> (d) Age (in completed years): <input type="text" value="Age"/> (e) Mobile No: <input type="text" value="Mobile No."/> (f) Email Id: <input type="text" value="Email Id"/></p> <p>7. Address of the deceased at the time of death: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: <input type="text" value="PIN Code"/></p> <p>8. Permanent address of the deceased: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: <input type="text" value="PIN Code"/></p> <p>9. Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the death took place): 1. Hospital / Institution Name: 2. House 3. Other place Address: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: <input type="text" value="PIN Code"/></p> <p>10. Informant's Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No. (if available): <input type="text" value="Aadhaar No."/> (c) Mobile No: <input type="text" value="Mobile No."/> (d) Email Id: <input type="text" value="Email Id"/> (e) Address: House No.: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: <input type="text" value="PIN Code"/></p> <p>DECLARATION: <input type="checkbox"/> I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. <input type="checkbox"/> To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available. (After completing all columns 1 to 21, Informant will put date and signature)</p> <p>Date: <input type="text" value="DD - MM - YYYY"/> Signature or left thumb mark of the Informant</p>	<p><i>To be filled by the Informant</i></p> <p>11. Town or village of Residence of the deceased (Place where the deceased usually lived. This can be different from the place where the death occurred. Tick appropriate entry "Town" or "Village" and write its name): Town or Village: Sub-district: District: State or Union Territory: PIN Code: <input type="text" value="PIN Code"/></p> <p>12. Religion (Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)");</p> <p>13. Occupation of the deceased:</p> <p>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</p> <p>15. Was the cause of death medically certified? (Tick the appropriate entry below): 1. Yes 2. No</p> <p>16. Name of Disease or Actual Cause of Death (For all deaths irrespective of whether medically certified or not):</p> <p>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</p> <p>18. If used to habitually smoke – for how many years?</p> <p>19. If used to habitually chew tobacco in any form – for how many years?</p> <p>20. If used to habitually chew arecanut in any form (including pan masala) – for how many years?</p> <p>21. If used to habitually drink alcohol – for how many years?</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">To be detached and sent for statistical processing</p>								
<p><i>(Columns to be filled are over, Now put signature at left)</i></p>									
<p style="text-align: center;"><i>To be filled by the Registrar</i></p> <p>Registration No. : Registration Date: <input type="text" value="DD - MM - YYYY"/> Registration Unit: Town / Village: Sub-District: District: Remarks (If any): Cause of Death (as per Form 4 / 4A):</p> <p style="text-align: right;">Name and Signature of the Registrar</p>	<p style="text-align: center;"><i>To be filled by the Registrar</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Name</th> <th style="width:50%;">Code No.</th> </tr> </thead> <tbody> <tr> <td>District</td> <td></td> </tr> <tr> <td>Sub-District</td> <td></td> </tr> <tr> <td>Town/Village :</td> <td></td> </tr> </tbody> </table> <p>Registration Unit: Registration No. : Registration Date: <input type="text" value="DD - MM - YYYY"/> Date of Death: <input type="text" value="DD - MM - YYYY"/> Sex: Male / Female / Transgender person Age of deceased: Place of death: 1. Hospital/Institution 2. House 3. Other place</p> <p style="text-align: right;">Name and Signature of the Registrar</p>	Name	Code No.	District		Sub-District		Town/Village :	
Name	Code No.								
District									
Sub-District									
Town/Village :									

Instructions for completing the Form 2: DEATH REPORT

Item No.	Instructions
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
2,4,5,6,10	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].
3	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.
2(d)	If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours.
7,8,9,10	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.
9	For Place of death tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the death took place.
11	Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner (Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee (Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker

Note: The informant must ensure that no item in the Death Report Form is left blank to the extent possible.

FORM NO.3
(See rule 5)
STILL BIRTH REPORT
Legal Information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Still Birth Register

FORM NO.3
(See rule 5)
STILL BIRTH REPORT
Statistical Information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

1. Date of Birth :

2. Sex (Enter 'Male' or 'Female' or 'Transgender person') :

3. Father's Details:-
(a) Name:
(b) Aadhaar No. (if available):
(c) Mobile No:
(d) Email Id:

4. Mother's Details:-
(a) Name:
(b) Aadhaar No. (if available):
(c) Mobile No:
(d) Email Id:

5. Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place):
1. Hospital / Institution Name :
2. House 3. Other place Address: House No. Locality:
Ward number (in case of town and if available): Town or Village:
Sub-district: District:
State or Union Territory: PIN Code:

6. Informant's Details:
(a) Name:
(b) Aadhaar No. (if available):
(c) Mobile No:
(d) Email Id:
(e) Address: House No:
Locality: Ward number (in case of town and if available):
Town or Village: Sub-district: District:
State or Union Territory: PIN Code:

DECLARATION:
 I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

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

To be filled by the informant

7. Town or village of Residence of the mother (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name):
Town or Village: Sub-district:
District: State or Union Territory:
PIN Code:

8. Age of the mother (in completed years) at the time of this birth :

9. Mother's level of education:

10. Type of attention at delivery (Tick the appropriate entry below):
1. Institutional-Government
2. Institutional - Private or Non-Government
3. Doctor, Nurse or Trained Midwife
4. Traditional Birth Attendant
5. Relatives or others

11. Duration of pregnancy (in weeks) :

12. Cause of foetal death (if known):

(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)

To be detached and sent for statistical processing

(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:
Sub-District:
District:
Remarks (if any):

Name and Signature of the Registrar

To be filled by the Registrar

Name	Code No.
District	
Sub-District	
Town/Village :	

Registration Unit :
Registration No. :
Registration Date:
Date of Birth :
Sex : Male / Female / Transgender person
Place of Birth: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

Instructions for completing the Form 3: STILL BIRTH REPORT

Item No.	Instructions																									
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g. 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,6	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].																									
5,6	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																									
5	For Place of birth tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place.																									
7	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.																									
9	Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1. Pre-Primary</td> <td>6. Class 5</td> <td>11. Class 10</td> <td>16. Bachelor Undergraduate</td> <td>21. Literate without formal education</td> </tr> <tr> <td>2. Class 1</td> <td>7. Class 6</td> <td>12. Class 11</td> <td>17. PG Diploma</td> <td>22. Illiterate</td> </tr> <tr> <td>3. Class 2</td> <td>8. Class 7</td> <td>13. Class 12</td> <td>18. Master / Post graduate</td> <td></td> </tr> <tr> <td>4. Class 3</td> <td>9. Class 8</td> <td>14. ITI</td> <td>19. M.Phil</td> <td></td> </tr> <tr> <td>5. Class 4</td> <td>10. Class 9</td> <td>15. Diploma Certificate</td> <td>20. Doctorate & above</td> <td></td> </tr> </tbody> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	1. Pre-Primary	6. Class 5	11. Class 10	16. Bachelor Undergraduate	21. Literate without formal education	2. Class 1	7. Class 6	12. Class 11	17. PG Diploma	22. Illiterate	3. Class 2	8. Class 7	13. Class 12	18. Master / Post graduate		4. Class 3	9. Class 8	14. ITI	19. M.Phil		5. Class 4	10. Class 9	15. Diploma Certificate	20. Doctorate & above	
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5. Class 4	10. Class 9	15. Diploma Certificate	20. Doctorate & above																							
12.	Cause of foetal death – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1. Bleeding (Haemorrhage)</td> <td>7. Diabetes in the mother</td> <td>13. Infection in the mother Parvovirus B19</td> </tr> <tr> <td>2. Problems with Placental</td> <td>8. Infection in the mother Coxsackie virus</td> <td>14. Infection in the mother Q fever</td> </tr> <tr> <td>3. Problem with umbilical cord</td> <td>9. Infection in the mother Herpes simplex</td> <td>15. Infection in the mother Rubella (German measles)</td> </tr> <tr> <td>4. Pre-eclampsia</td> <td>10. Infection in the mother Leptospirosis</td> <td>16. Infection in the mother Flu</td> </tr> <tr> <td>5. Genetic physical defect in the baby</td> <td>11. Infection in the mother Lyme disease</td> <td>17. Infection in the mother Toxoplasmosis</td> </tr> <tr> <td>6. Liver disorder in the mother (obstetric cholestasis)</td> <td>12. Infection in the mother Malaria</td> <td>18. Not stated</td> </tr> </tbody> </table>	1. Bleeding (Haemorrhage)	7. Diabetes in the mother	13. Infection in the mother Parvovirus B19	2. Problems with Placental	8. Infection in the mother Coxsackie virus	14. Infection in the mother Q fever	3. Problem with umbilical cord	9. Infection in the mother Herpes simplex	15. Infection in the mother Rubella (German measles)	4. Pre-eclampsia	10. Infection in the mother Leptospirosis	16. Infection in the mother Flu	5. Genetic physical defect in the baby	11. Infection in the mother Lyme disease	17. Infection in the mother Toxoplasmosis	6. Liver disorder in the mother (obstetric cholestasis)	12. Infection in the mother Malaria	18. Not stated							
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Note: The informant must ensure that no item in the Still Birth Report Form is left blank to the extent possible.

FORM NO. 4
(See rule 7)
MEDICAL CERTIFICATE OF CAUSE OF DEATH
(Hospital In-patients. Not to be used for still births)
To be sent to Registrar along with Form No. 2 (Death Report)
A copy of this certificate to be provided to the nearest relative of the deceased

Name of the Hospital

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

on

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

 at A.M./P.M.

NAME OF DECEASED:		First Name	Middle Name	Last Name	For use of Statistical Office
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female 3. Transgender person					
CAUSE OF DEATH					Interval between onset and 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)			
II Other significant conditions contributing to the death but not related to the disease or condition causing it		(c)			

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:

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

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased : To be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If deceased is an infant, not yet named at time of death, leave blank.

Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month 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, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be 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 course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

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

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

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

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

Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

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

Example : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonate, 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, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death : Deaths not due to external cause should be identified as "Natural". If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as "Pending investigation".

In accordance with the provisions of section 10(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the Registrar and a copy of the same to the nearest relative of the deceased.

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 given to the person required under the Registration of Births and Deaths Act, 1969 (amended in 2023) to give information concerning the death to Registrar along with Form No. 2 (Death Report))

I hereby certify that the deceased Shri/Smt./Km.....Son /Wife/ Daughter ofresident of was under my treatment from to and he/she died

on

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

 at.....AM./P.M.

NAME OF DECEASED:		First Name	Middle Name	Last Name	For use of Statistical Office
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female 3. Transgender Person					
CAUSE OF DEATH					Interval between onset and 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)			
II Other significant conditions contributing to the death but not related to the disease or condition causing it		(c)			

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 verification :

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

SEE REVERSE FOR INSTRUCTIONS

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be provided in the following format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If deceased is an infant, not yet named at time of death, leave blank.

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, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be 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 course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

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

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

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Maternal deaths : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

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

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

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

In accordance with the provisions of section 10(3) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.



प्रपत्र- 5

Form-5

सं. No.

State
Govt.
Emblem

..... सरकार
GOVERNMENT OF

..... विभाग/.. (प्रमाणपत्र जारी करने वाले स्थानीय निकाय का
नाम).....
DEPARTMENT OF...../. (Name of local body issuing certificate).



जन्म प्रमाण-पत्र BIRTH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 (2023 में संशोधित) की धारा 12 / 17 तथा....(राज्य का नाम).....जन्म और मृत्यु रजिस्ट्रीकरण (संशोधित) नियम, .. (संशोधित नियम को अधिसूचित किए जाने का वर्ष).....के नियम 8 / 13 के अंतर्गत जारी किया गया)
(Issued under Section 12 / 17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rule 8 / 13 of the (Name of State)..... Registration of Births and Deaths (Amendment) Rules..... (Year of notifying the revised rules).

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र)
..... उप-जिला.....

जिला राज्य के रजिस्टर में उल्लिखित है।

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

नाम/Name:

लिंग/Sex.....

जन्म तिथि/Date of Birth.....

जन्म स्थान/Place of birth.....

माता का नाम/Name of Mother.....

माता का आधार नं० /Aadhaar No. of Mother:

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

पिता का नाम/Name of Father

पिता का आधार नं० /Aadhaar No. of Father:

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

बच्चे के जन्म के समय माता पिता का पता / माता पिता का स्थायी पता/

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

.....

.....

.....

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 एवम् मृत्यु का पंजीकरण सुनिश्चित करें/ Ensure registration of every birth and death



प्रपत्र- 6
Form-6

सं.नं.
State
Govt.
Emblem

..... सरकार
GOVERNMENT OF

.....विभाग/.....(प्रमाणपत्र जारी करने वाले स्थानीयनिकाय का नाम)....
DEPARTMENT OF...../. (Name of local body issuing certificate).



मृत्यु प्रमाण पत्र
DEATH CERTIFICATE

(जन्म और मृत्यु रजिस्ट्रिकरण अधिनियम, 1969 (2023 में संशोधित) की धारा 12 / 17 तथा.....(राज्य का नाम).....जन्म और मृत्यु रजिस्ट्रिकरण (संशोधन) नियम, ... (संशोधित नियम को अधिसूचित किए जाने का वर्ष).....के नियम 8 / 13 के अंतर्गत जारी किया गया)
(Issued under Section 12 / 17 of the Registration of Births and Deaths Act, 1969 (amended in 2023) and Rule 8 / 13 of the (Name of State)..... Registration of Births and Deaths (Amendment) Rules..... (Year of notifying the revised rules).

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना मृत्यु के मूल लेख से ली गई है जो कि (स्थानीय क्षेत्र)
..... उप-जिला.....

जिला राज्य के रजिस्टर में उल्लिखित है ।

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

नाम/Name:

मृतक का आधार नं० /Aadhaar No. of deceased:

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

लिंग/Sex.....

मृत्यु की तिथि/Date of Death.....

मृत्यु का स्थान/Place of Death.....

माता का नाम/Name of Mother.....

माता का आधार नं० /Aadhaar No. of Mother:

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

पिता का नाम/Name of Father.....

पिता का आधार नं० /Aadhaar No. of Father:

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

पति/पत्नी का नाम/Name of Husband / Wife.....

पति/पत्नी का आधार नं० /Aadhaar No. of Husband / Wife:

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

मृतक का मृत्यु के समय का पता/ मृतक का स्थायी पता/
Address of the deceased at the time of death: 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 एवम् मृत्यु का पंजीकरण सुनिश्चित करें/ Ensure registration of every birth and death

FORM NO.7
(See rule 12)
BIRTH REGISTER
Legal Information

This part to be added to the Birth Register

To be filled by the Informant

1.	Date of Birth:	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
2.	Sex (Enter "Male" or "Female" or "Transgender person") :	
3.	Child's Details (if not named, leave blank) :-	
(a)	Name, if any :	<input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available):	<input type="text" value=""/>
4.	Father's Details:-	
(a)	Name:	<input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available):	<input type="text" value=""/>
(c)	Mobile No:	<input type="text" value=""/>
(d)	Email Id:	<input type="text" value=""/>
5.	Mother's Details:-	
(a)	Name:	<input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available):	<input type="text" value=""/>
(c)	Mobile No:	<input type="text" value=""/>
(d)	Email Id:	<input type="text" value=""/>
6.	Address of parents at the time of Birth of the Child:	House No:
	Locality:	Ward number (in case of town and if available):
	Town or Village:	Sub-district:
	State or Union Territory:	District:
		PIN Code: <input type="text" value=""/>
7.	Permanent address of parents:	House No:
	Locality:	Ward number (in case of town and if available):
	Town or Village:	Sub-district:
	State or Union Territory:	District:
		PIN Code: <input type="text" value=""/>
8.	Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place):	
	1. Hospital / Institution	Name :
	2. House	Address : House No:
	3. Other place	Locality:
		Ward number (in case of town and if available):
		Town or Village:
		Sub-district:
		District:
		State or Union Territory:
		PIN Code: <input type="text" value=""/>
9.	Informant's Details:	
(a)	Name:	<input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available):	<input type="text" value=""/>
(c)	Mobile No:	<input type="text" value=""/>
(d)	Email Id:	<input type="text" value=""/>
(e)	Address : House No:	Locality:
		Ward number (in case of town and if available):
		Town or Village:
		Sub-district:
		District:
		State or Union Territory:
		PIN Code: <input type="text" value=""/>
DECLARATION:		
<input type="checkbox"/> I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.		
<i>(After completing all columns 1 to 23, Informant will put date and signature)</i>		
Date:	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Signature or left thumb mark of the Informant

To be filled by the Registrar

Registration No. :	
Registration Date:	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Registration Unit :	
Town / Village:	
Sub-District:	
District:	
Remarks (If any):	
Name and Signature of the Registrar	

FORM NO.8
(See rule 12)
DEATH REGISTER
Legal Information

This part to be added to the Death Register

To be filled by the Informant

1. **Date of Death**

2. **Deceased's Details:-**
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Date of Birth (if available):
 (d) Age:

3. **Sex (Enter "Male" or "Female" or "Transgender person"):**

4. **Mother's Details:-**
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

5. **Father's Details:-**
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:

6. **Spouse's (husband / wife) Details:-**
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Date of Birth (if available):
 (d) Age (In completed years):
 (e) Mobile No:
 (f) Email Id:

7. **Address of the deceased at the time of death:** House No:
 Locality: Ward number (In case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

8. **Permanent address of the deceased:** House No:
 Locality: Ward number (In case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

9. **Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the death took place):**
 1. Hospital / Institution Name:
 2. House 3. Other place Address: House No:
 Locality: Ward number (In case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

10. **Informant's Details:-**
 (a) Name:
 (b) Aadhaar No. (if available):
 (c) Mobile No:
 (d) Email Id:
 (e) Address: House No.:
 Locality: Ward number (In case of town and if available):
 Town or Village: Sub-district: District:
 State or Union Territory: PIN Code:

DECLARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.
 To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

(After completing all columns 1 to 21, Informant will put date and signature)

Date: Signature or left thumb mark of the Informant

To be filled by the Registrar

Registration No. :
 Registration Date:
 Registration Unit:
 Town / Village: Sub-District: District:
 Remarks (if any):
 Cause of death (As per Form 4 / 4A):

Name and Signature of the Registrar

FORM NO.9
(See rule 12)
STILL BIRTH REGISTER
Legal Information

This part to be added to the Still Birth Register

To be filled by the Informant	
1.	Date of Birth : <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="-"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="-"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
2.	Sex (Enter "Male" or "Female" or "Transgender person") :
3.	Father's Details:-
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text"/>
(c)	Mobile No: <input type="text"/>
(d)	Email Id: <input type="text"/>
4.	Mother's Details:-
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text"/>
(c)	Mobile No: <input type="text"/>
(d)	Email Id: <input type="text"/>
5.	Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :
	1. Hospital / Institution Name :
	2. House 3. Other place Address : House No. Locality:
	Ward number (in case of town and if available); Town or Village;
	Sub-district: District:
	State or Union Territory: PIN Code: <input type="text"/>
6.	Informant's Details:
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text"/>
(c)	Mobile No: <input type="text"/>
(d)	Email Id: <input type="text"/>
(e)	Address : House No: Ward number (in case of town and if available):
	Locality: Town or Village: Sub-district: District:
	State or Union Territory: PIN Code: <input type="text"/>
DECLARATION:	
<input type="checkbox"/> I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.	
<i>(After completing all columns 1 to 12, Informant will put date and signature)</i>	
Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="-"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="-"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Signature or left thumb mark of the informant
<i>To be filled by the Registrar</i>	
Registration No. :	
Registration Date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="-"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="-"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Registration Unit :	
Town / Village:	
Sub-District:	
District:	
Remarks (if any):	
Name and Signature of the Registrar	

FORM No.10
(See rule 13)

NON-AVAILABILITY CERTIFICATE
(Issued under Section 17 of the Registration of Births & Deaths Act, 1969 (amended in 2023))

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

Date :

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

Signature of issuing authority

Seal

FORM No. 11(See rule 14)**SUMMARY MONTHLY REPORT OF BIRTHS**

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

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

6. Time Gap in Birth registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total* (a + b + c + d):

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

Signature and Name
of the Registrar

Date :

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

Submitted to the Chief Registrar/District Registrar

FORM No. 12 (See rule 14)**SUMMARY MONTHLY REPORT OF DEATHS**

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

Deaths (Including all Infant deaths & Child Deaths & Maternal Deaths)				Infants Deaths (Age less than one year)				Child Deaths (Age one year or more but less than five years)				Maternal Deaths
Male	Female	Transgender Person	Total*	Male	Female	Transgender Person	Total	Male	Female	Transgender Person	Total	

6. Time Gap in Death registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total* (a + b + c + d):

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

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

Signature and Name
of the Registrar

Date :

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

Submitted to the Chief Registrar/District Registrar

FORM No. 13 (See rule 14)

SUMMARY MONTHLY REPORT OF STILL BIRTHS

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

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

5. Time Gap in Birth registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total* (a + b + c + d):

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

Signature and Name
of the Registrar

Date :

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

Submitted to the Chief Registrar/District Registrar

Form No. 14
(See rule 9)

Format of Self-attested document for Delayed Reporting of BIRTH / DEATH under Section 13(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023)

DECLARATION

I.....,son/daughter/wife of
.....,resident of do
hereby declare that:

1. I am the informant for the delayed reporting of Birth / Death of ____ (name of child / deceased) _____ son/daughter/spouse of _____;
2. He / she was born / died on ____ (date of birth / death) _____ at (place of birth / death).....;
3. He / she was attended at birth /death by _____ who resides at _____;
4. The reason(s) for the delay in, reporting of his / her birth /death are _____;
5. His / her birth / death certificate is required for the purpose of _____;

DECLARATION:

I, declare that the above information is true and I have not reported the above event to any Registrar and no birth / death certificate has been issued in this respect, to the best of my knowledge and belief.

Name and Signature or
thumb mark of the informant

Date

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

Notes:

1. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.

2. Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].

3. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.

Form No. 15
(See rule 16 A)
FORM FOR APPEAL

(To be submitted to District Registrar / Chief Registrar)
(under Section 25(A) of the Registration of Births and Deaths Act, 1969 (amended in 2023))

1. Aggrieved by an action or order of: Registrar / District Registrar or any officer authorized to act as Registrar / District Registrar (details of office to be provided as below)

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

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

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DECLARATION:

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

(Signature of the appellant)

Date

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

Appellant details:

Name	Address	Aadhaar no.	Email Id	Mobile No.

Notes:

- Please retain a copy of this form for your own records.
- Appeal, if any, must be submitted to District Registrar / Chief Registrar within a period of 30 days from the date of such action or receipt of such order with which the person is being aggrieved.
- Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
- Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].
- Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code."

By order of the Governor

()
Secretary to the Government of

32

By order,

(M. SUDHA DEVI),
Secretary (Health).

पंचायती राज विभाग**अधिसूचना**

शिमला-171009, 08 जनवरी, 2025

संख्या:पीसीएच-एचए(1) 18/2008- लूज-II-373-565.—हिमाचल प्रदेश के राज्यपाल, हिमाचल प्रदेश पंचायती राज अधिनियम, 1994 (1994 का अधिनियम संख्यांक 4) की धारा 186 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, इस विभाग की अधिसूचना संख्या: पीसीएच-एचए(3)6/94 तारीख 7 फरवरी, 1995 द्वारा अधिसूचित और राजपत्र, हिमाचल प्रदेश (असाधारण) में तारीख 8 फरवरी, 1995 को प्रकाशित हिमाचल प्रदेश पंचायती राज (निर्वाचन) नियम, 1994 का और संशोधन करने के लिए निम्नलिखित नियम बनाने का प्रस्ताव करते हैं और उपरोक्त अधिनियम की धारा 186 की उप-धारा (3) के अधीन यथा अपेक्षित के अनुसार इन्हें जन साधारण की सूचना के लिए एतद्वारा राजपत्र (ई-गजट), हिमाचल प्रदेश में प्रकाशित किया जाता है;

इन प्रारूप नियमों से संभाव्य प्रभावित होने वाले यदि किसी हितबद्ध व्यक्ति के प्रस्तावित नियमों की बाबत कोई आक्षेप या सुझाव है/हैं तो वह प्रारूप नियमों के राजपत्र (ई-गजट), हिमाचल प्रदेश में प्रकाशन की तारीख से पन्द्रह दिन की अवधि के भीतर लिखित आक्षेप (आक्षेपों) या सुझाव (सुझावों) को निदेशक, पंचायती राज, हिमाचल प्रदेश, एस.डी.ए. कम्प्लैक्स, कसुम्पटी, शिमला-171009 को भेज सकेगा/सकेगी;

उपरोक्त नियत अवधि के भीतर प्राप्त आक्षेप (आक्षेपों) या सुझाव (सुझावों), यदि कोई है/हैं, पर सरकार द्वारा इन प्रारूप नियमों को अन्तिम रूप देने से पूर्व विचार किया जाएगा, अर्थात्:—

प्रारूप नियम

1. **संक्षिप्त नाम और प्रारम्भ।** (1) इन नियमों का संक्षिप्त नाम हिमाचल प्रदेश पंचायती राज (निर्वाचन) संशोधन नियम, 2025 है।
(2) ये नियम राजपत्र (ई-गजट), हिमाचल प्रदेश में इनके प्रकाशन की तारीख से प्रवृत्त होंगे, सिवाय नियम 2 के, जो ऐसी तारीख से प्रवृत्त होगा, जो राज्य सरकार द्वारा अधिसूचित की जाए।
2. **नियम 9 का संशोधन।** हिमाचल प्रदेश पंचायती राज (निर्वाचन) नियम, 1994 (जिन्हें इसमें इसके पश्चात् “उक्त नियम” कहा गया है) के नियम 9के उप नियम (2) में, “जिला परिषद् के निर्वाचन क्षेत्रों का परिसीमन करते समय, सभा क्षेत्र एक इकाई होगा।” शब्दों और चिन्ह के स्थान पर “जिला परिषद् के निर्वाचन क्षेत्रों का परिसीमन करते समय पंचायत समिति क्षेत्र एक इकाई होगी। जिला परिषद् वार्ड, पंचायत समिति की सीमाओं का उल्लंघन नहीं करेगा/करेंगे।” शब्द और चिन्ह रखे जाएंगे।
3. **नियम 24 का संशोधन।** उक्त नियमों के नियम 24 के उप-नियम (3) के दूसरे परन्तुक के स्थान पर निम्नलिखित रखा जाएगा, अर्थात्:—

“परन्तु यह और कि इन नियमों के नियम 32 के अधीन निर्वाचन कार्यक्रम की अधिसूचना के पश्चात् इस नियम के अधीन आवेदन प्रस्तुत नहीं किया जाएगा:”।

4. नियम 32 का संशोधन। उक्त नियमों के नियम 32 के उप-नियम (3) और (4) के स्थान पर निम्नलिखित रखा जाएगा, अर्थात्:

“(3) निर्वाचन कार्यक्रम, नामांकन पत्र के दायर करने से सात दिन पूर्व राज्य निर्वाचन आयोग द्वारा अधिसूचित किया जाएगा:

परन्तु जिला निर्वाचन अधिकारी (पंचायत) ऐसी तारीख को, जो राज्य निर्वाचन आयोग द्वारा विनिर्दिष्ट की जाए, नियम 33 के अधीन निर्वाचन का नोटिस जारी करेगा।

(4) नाम निर्देशन पत्र दायर करने की अवधि तीन दिन होगी तथा संवीक्षा की तारीख नाम निर्देशन पत्र दायर करने की अन्तिम तारीख से अगले दिन होगी। संवीक्षा की तारीख से तीसरे और चौथे दिन तक अभ्यर्थिताएं वापिस ली जा सकेंगी। निर्वाचन लड़ने वाले अभ्यर्थियों को सूची लगाने की तारीख वह होगी जो अभ्यर्थिता वापिस लेने के लिए अन्तिम तारीख नियत की गई है। मतदान केन्द्रों की सूची अभ्यर्थिता वापिस लेने की तारीख से ठीक पूर्व प्रकाशित की जाएगी। अभ्यर्थिता वापिस लेने की तारीख और मतदान की तारीख के मध्य 10 दिन का अन्तर होगा और मतदान अधिमानतः रविवार या अन्य राजपत्रित अवकाश के दिन होगा:

परन्तु नामांकन पत्र या अभ्यर्थिता वापिस लेने का आवेदन, लोक अवकाश के दिन नहीं दिया जाएगा।”

5. नियम 33 का संशोधन। उक्त नियमों के नियम 33 में, “जारी किए गए कार्यक्रम की तारीख” शब्दों के स्थान पर “ऐसी तारीख, जैसी राज्य निर्वाचन आयोग द्वारा निर्वाचन कार्यक्रम में विनिर्दिष्ट की जाए,” शब्द रखे जाएंगे।

6. नियम 35 का संशोधन। उक्त नियमों के नियम 35 के उप नियम (3) के पश्चात्, निम्नलिखित उप नियम जोड़ा जाएगा, अर्थात्:—

“(4) प्रस्तावक एक पद के लिए केवल एक ही अभ्यर्थी का प्रस्ताव कर सकेगा। एक बार किया गया प्रस्ताव प्रत्याहृत या रद्द नहीं किया जाएगा।

(5) किसी वार्ड, जो अनुसूचित जाति/अनुसूचित जनजाति/अन्य पिछड़ा वर्ग के लिए आरक्षित है, के लिए नामांकन पत्र तब तक विधिमान्य नहीं माना जाएगा, जब तक कि इसमें अभ्यर्थी द्वारा विनिर्दिष्ट विशिष्ट जाति या जनजाति या पिछड़ा वर्ग जिसका वह सदस्य है, की घोषणा समाविष्ट न हो और अभ्यर्थी राज्य सरकार द्वारा प्राधिकृत सक्षम प्राधिकारी द्वारा प्रमाणित ऐसा प्रमाण-पत्र प्रस्तुत नहीं कर देता कि अभ्यर्थी, यथास्थिति, अनुसूचित जाति या अनुसूचित जनजाति या अन्य पिछड़ा वर्ग से सम्बन्धित है।”

7. नियम 40 का संशोधन। उक्त नियमों के नियम 40 के उप नियम (1) में, “तारीख” शब्द के स्थान पर “अन्तिम तारीख” शब्द रखे जाएंगे।

8. नियम 91 का संशोधन। उक्त नियमों के नियम 91 में, निम्नलिखित परन्तुक जोड़ा जाएगा, अर्थात्:—

“परन्तु राज्य निर्वाचन आयोग पर्यवेक्षक नियुक्त कर सकेगा, जो किसी विकास खंड या विकास खंडों के समूह में निर्वाचन या निर्वाचन के संचालन की निगरानी करने और ऐसे अन्य कृत्यों, जो राज्य निर्वाचन आयोग द्वारा उसको सौंपे जा सकेंगे, का पालन करने लिए सरकार का एक अधिकारी होगा।”

9. नियम 91-क का संशोधन। उक्त नियमों के नियम 91 के पश्चात् निम्नलिखित नियम अन्तः स्थापित किया जाएगा, अर्थात्:—

“91-क जिला निर्वाचन अधिकारियों (पंचायत) के कर्तव्य:—

जिला निर्वाचन अधिकारी (पंचायत) इन नियमों या इनके अधीन दिए गए आदेशों द्वारा उपबन्धित रीति में निर्वाचन का प्रभावी संचालन करने के लिए ऐसे समस्त कार्य और मामलों को निष्पादित करने, जो आवश्यक हों, के लिए राज्य चुनाव आयोग के पर्यवेक्षण और नियन्त्रण के अधधीन होगा।”

10. प्ररूप 2 का संशोधन। उक्त नियमों के प्ररूप-2 में,—क्रम संख्या (5) में “ग्राम पंचायत” शब्दों के पश्चात् ”या नगरपालिका” शब्द जोड़े जाएंगे।

11. प्ररूप 15 का संशोधन। उक्त नियमों से प्ररूप 15 में ”रजिस्ट्रीकरण अधिकारी” शब्दों के स्थान पर ”जिला निर्वाचन अधिकारी (पंचायत)” शब्द रखे जाएंगे।

12. प्ररूप 18 का संशोधन। उक्त नियमों के प्ररूप 18 में,—“डाक पता.....” लाइन के पश्चात् ”मोबाइल नम्बर.....” शब्द और चिह्न अन्तः स्थापित किए जाएंगे।

13. प्ररूप 38 का संशोधन। उक्त नियमों के प्ररूप-38 (भाग-2) में, ”रिटर्निंग ऑफिसर/रिटर्निंग ऑफिसर द्वारा प्राधिकृत अधिकारी” शब्दों और चिह्न के स्थान पर ”जिला निर्वाचन अधिकारी (पंचायत)” शब्द और चिह्न रखे जाएंगे।

14. प्ररूप 39 का संशोधन। उक्त नियमों के प्ररूप-39 में,—“रिटर्निंग ऑफिसर” शब्दों के स्थान पर “जिला निर्वाचन अधिकारी” शब्द रखे जाएंगे।

आदेश द्वारा,

हस्ताक्षरित / .
सचिव (पंचायती राज) ।

प्ररूप-2

{नियम 18(1) और 24 देखें}

नाम सम्मिलित करने के लिए दावा आवेदन

प्रेषित:

पुनर्निरीक्षण प्राधिकारी,
ग्राम पंचायत-----
विकास खण्ड-----
जिला-----हिमाचल प्रदेश।

महोदय,

मैं निवेदन करता/करती हूँ कि मेरा नाम.....ग्राम पंचायत.....के लिए.....निर्वाचन क्षेत्र की निर्वाचन नामावली में सम्मिलित किया जाए।

मेरा पूरा नाम

मेरे पिता/माता/पति का नाम

मेरे निवास स्थान का विवरण:-

मकान संख्या

गली/मुहल्ला/ग्राम

डाकघर

तहसील और जिला

मैं एतद्वारा अपने पूर्ण ज्ञान तथा विश्वास से घोषणा करता/करती हूँ कि:—

- (1) मैं भारत का/की नागरिक हूँ।
- (2) राज्य निर्वाचन आयोग द्वारा नियम 14 के अधीन खण्ड (इ) द्वारा अधिसूचित तारीख को मेरी आयु.....वर्ष.....मास थी/होगी।
- (3) मैं प्रायः उपर्युक्त पता पर निवास करता/करती हूँ।
- (4) मैंने किसी अन्य निर्वाचन क्षेत्र की निर्वाचक नामावली में अपने नाम को सम्मिलित करने के लिए आवेदन नहीं किया है।
- (5) मेरा नाम हिमाचल प्रदेश में उक्त या किसी अन्य ग्राम पंचायत या नगरपालिका के किसी निर्वाचन क्षेत्र की नामावली में सम्मिलित नहीं किया गया है।

या

मेरा नाम ग्राम पंचायत.....के वार्ड संख्या.....विकास खण्डजिला
.....की निर्वाचन नामावली के क्रमांक.....पर सम्मिलित किया गया है और मैं एतद्वारा निवेदन
करता/करती हूँ कि उसे निर्वाचक नामावली से हटा दिया जाए।

स्थान.....

तारीख.....

दावेदार के हस्ताक्षर/निशान अंगूठा
(पूरा डाक पता)।

मैं निर्वाचन नामावली के उसी भाग में सम्मिलित हूँ जिसमें दावेदार ने सम्मिलित किए जाने के लिए
आवेदन किया है, अर्थात्.....है। सम्बन्धित भाग संख्या.....मेरा उसमें
क्रमांक.....है। मैं इस दावे का समर्थन करता/ करती हूँ और इसे प्रतिहस्ताक्षरित
करता/करती हूँ।

मतदाता के हस्ताक्षर
पूरा नाम और पता.....

घोषणा

मैं एतद् द्वारा घोषणा करता/करती हूँ कि मुझे जानकारी है कि मेरे द्वारा ऊपर दी गई सूचना किसी
दशा में गलत साबित होती है तो मैं भारतीय दण्ड संहिता की विभिन्न धाराओं के अधीन आपराधिक कार्रवाई
के लिए जिम्मेदार होऊंगा/ होऊंगी।

दावेदार के हस्ताक्षर।

जो अनावश्यक हो काट दें।

टिप्पण.—यदि कोई व्यक्ति जो ऐसा कथन या घोषणा करता है जो मिथ्या है और जिसे वह या तो जानता है या
उसे उसके मिथ्या होने का विश्वास है अथवा उसके सत्य /सही होने का उसे विश्वास नहीं है, तत्समय
प्रवृत्त विधि के अनुसार दण्डनीय है।

प्ररूप-15

{नियम 21 (1) देखें}

निर्वाचक नामावली के अंतिम प्रकाशन की सूचना

सार्वजनिक जानकारी के लिए एतद्वारा अधिसूचित किया जाता है कि ग्राम पंचायत/पंचायत
समिति/जिला परिषद्..... के निर्वाचन क्षेत्र संख्या.....(निर्वाचन क्षेत्र) की निर्वाचक नामावली के
प्रारूप में पुनरीक्षण प्राधिकारी/अपीलीय प्राधिकारी द्वारा आदेशित परिवर्धन/लोप (हटाया जाना) और
शुद्धिकरण को उक्त प्रारूप नामावली में समाविष्ट कर दिया गया है या ऐसे संशोधनों की सूची हिमाचल प्रदेश

पंचायती राज (निर्वाचन) नियम, 1994 के अनुसार तैयार हो गई है और इस प्रकार शुद्ध (ठीक) की गई निर्वाचक नामावली की एक प्रति संशोधनों की सूची सहित अंतिम रूप में प्रकाशित कर दी गई है।

स्थान.....

जिला निर्वाचन अधिकारी (पंचायत)।

तारीख.....

प्ररूप-18

(नियम 35 देखें)

नामांकन पत्र

ग्राम सभा.....के.....(निर्वाचन क्षेत्र) से सदस्य का निर्वाचन

*ग्राम सभासे प्रधान का निर्वाचन

*ग्राम सभासे उप-प्रधान का निर्वाचन

*पंचायत समिति.....केनिर्वाचन क्षेत्र के सदस्य का निर्वाचन

*जिला परिषद.....के.....निर्वाचन क्षेत्र के सदस्य का निर्वाचन

मैं, उक्त निर्वाचन के लिए अभ्यर्थी का नामांकन करता हूँ—

अभ्यर्थी का नाम.....पिता या पति का नाम.....

डाक पता.....

मोबाइल नम्बर.....उसका नाम ग्राम सभा/पंचायत समिति/जिला परिषद् केनिर्वाचन क्षेत्र के लिए निर्वाचन नामावली में क्रम संख्या..... पर दर्ज है। मेरा नाम.....ग्राम सभा/पंचायत समिति/जिला परिषद् के निर्वाचन क्षेत्रके लिए निर्वाचन नामावली में क्रम संख्या.....पर दर्ज है।

तारीख.....

प्रस्थापक का नाम और हस्ताक्षर।

मैं उपर्युक्त, अभ्यर्थी, इस नामांकन से अनुमत हूँ और एतद्वारा घोषणा करता हूँ कि—

(क) मैंनेवर्ष की आयु पूर्ण कर ली है;

(ख) मैं घोषणा करता/करती हूँ कि मैंने राज्य सरकार, नगरपालिका, ग्राम पंचायत, पंचायत समिति, जिला परिषद् या सहकारी सोसाइटी से सम्बन्धित या उन द्वारा या उनकी ओर से पट्टे पर ली गई अथवा अधिगृहीत किसी भूमि का अधिक्रमण नहीं किया है, और विधि के अधीन किसी अन्य निरर्हता से भी ग्रस्त नहीं हूँ;

- (ग) मैं और घोषणा करता/करती हूँ कि मैं.....जाति/जनजाति का/की सदस्य हूँ जो अनुसूचित जाति/जनजाति है;
- (घ) मैंने हिमाचल प्रदेश पंचायती राज (निर्वाचन) नियम, 1994 के नियम 35 (2) के अधीन यथा अपेक्षित सक्षम प्राधिकारी द्वारा सम्यक् रूप से जारी किया गया “देय न होने का प्रमाण-पत्र” संलग्न कर दिया है; और
- (ङ) मैं न तो कभी स्वापक पदार्थ का उपयोग करूंगा/करूंगी और न ही पोस्त, अफीम और गांजे (भांग) की खेती करूंगा/करूंगी तथा अन्यो को स्वापक पदार्थ का उपयोग न करने और पंचायत क्षेत्र में पोस्त, अफीम और गांजे (भांग) की खेती न करने के लिए भी प्रेरित करूंगा/करूंगी।

स्थान.....

अभ्यर्थी के हस्ताक्षर।

तारीख.....

(रिटर्निंग ऑफिसर द्वारा भरा जाएगा)

नामांकन पत्र की क्रम संख्या.....

यह नामांकन पत्र मुझे.....अभ्यर्थी/प्रस्थापक द्वारा..... (स्थान) पर.....(समय) पर.....(तारीख) को परिदत्त किया गया था।

तारीख.....

रिटर्निंग ऑफिसर।

(नामांकन पत्र को मंजूर या नामंजूर करने का रिटर्निंग ऑफिसर का विनिश्चय)

मैंने विधि के अनुसार नामांकन पत्र की परीक्षा कर ली है और मेरा विनिश्चय निम्नलिखित है- -

तारीख.....

रिटर्निंग ऑफिसर ।

उपर्युक्त अभ्यर्थी के नामांकन पत्र को न तो अस्वीकृत किया गया है, और न ही उसने अपनी अभ्यर्थिता वापिस ली है और इसलिए उसे(प्रतीक का नाम) एतद्वारा आबंटित किया जाता है।

तारीख.....

रिटर्निंग ऑफिसर ।

नामांकन पत्र के लिए रसीद और संवीक्षा तथा नाम वापस लेने की सूचना (नोटिस)

(इस नामांकन पत्र के प्रस्तुत करने वाले व्यक्ति को सौंपा जाएगा)

नामांकन पत्र की क्रम संख्या...../ग्राम सभा के.....निर्वाचन क्षेत्र के सदस्य के निर्वाचन/ग्राम सभा..... से प्रधान/उप-प्रधान के निर्वाचन/पंचायत समिति.....के.....निर्वाचन क्षेत्र से सदस्य के निर्वाचन/जिला परिषदके.....निर्वाचन क्षेत्र से सदस्य के निर्वाचन के लिए अभ्यर्थी के नामांकन पत्र अभ्यर्थी/प्रस्थापक द्वारा मुझे.....(तारीख).....(समय) पर मेरे कार्यालय में परिदत्तकिए गए थे। सभी नामांकन पत्रों की.....(स्थान).....(तारीख).....(समय)

पर संवीक्षा की जाएगी। अभ्यर्थिता..... (तारीख).....(समय) तक वापिस ली जा सकेगी।

अभ्यर्थिता.....(तारीख).....(समय) तक वापिस ली जा सकेगी।
अभ्यर्थिता वापिस लेने के लिए नियत समय के अवसान के तुरन्त पश्चात् प्रतीक आबंटित किया जा सकेगा।

तारीख.....
रिटर्निंग ऑफिसर ।

*जो शब्द लागू न हो उसे काट दें

प्ररूप-38 (भाग-2)

(नियम 75 देखें)

जिला स्तर की मतगणना

.....जिला परिषद् के सदस्य के मतों की गणना की परिणाम शीट (रिजल्ट शीट)

निर्वाचन क्षेत्र सं०.....

क्रम संख्या	अभ्यर्थियों के नाम	विभिन्न खण्डों में स्थित कुल मतदान केन्द्रों में अभ्यर्थी द्वारा प्राप्त किए गए मतों की संख्या			
		खण्ड	खण्ड	खण्ड	योग
1	2	3	4	5	6
1.					
2.					
3.					
4.					
5.					
6.					
*					

(क) विधिमान्य मतों की कुल संख्या.....

(ख) अस्वीकृत मतों की कुल संख्या.....

(ग) नोटा के लिए डाले गए मतों की कुल संख्या.....

(घ) डाले गए कुल मतों (क+ख+ग) की संख्या.....

(ङ) निविदत्त मतों की कुल संख्या.....

मतगणना का स्थान.....

तारीख.....

जिला निर्वाचन अधिकारी(पंचायत)

*स्थान के अभाव की दशा में पृष्ठ के पिछले भाग का प्रयोग किया जा सकेगा।

प्ररूप-39

(नियम 75 देखें)

जिला परिषद् के सदस्य के निर्वाचन की विवरणी (रिटर्न) का प्ररूप

.....जिला परिषद् की निर्वाचन क्षेत्र संख्या.....से जिला परिषद् के सदस्य का निर्वाचन

क्रम संख्या	अभ्यर्थी का नाम मतों की संख्या	अभ्यर्थी के पक्ष में डाले गए विधिमान्य मतों की संख्या
1	2	3

(क) विधिमान्य मतों की कुल संख्या.....

(ख) अविधिमान्य मतों की कुल संख्या.....

(ग) नोटा के लिए डाले गए मतों की कुल संख्या.....

(घ) डाले गए मतों की कुल संख्या.....

मैं घोषणा करता हूं/करती हूं कि- -

नाम.....

पता.....

सम्यक् रूप से निर्वाचित हुआ है/हुई है।

जिला निर्वाचन अधिकारी ।

तारीख..... दिन.....20....

*स्थान के अभाव की दशा में पृष्ठ के पिछले भाग का प्रयोग किया जा सकेगा।

[Authoritative English text of this Department Notification Number PCH-HA(1)18/2008-Loose-II, dated 08-01-2025 as required under clause(3) of Article 348 of the Constitution of India].

PANCHAYATI RAJ DEPARTMENT

NOTIFICATION

Shimla-171 009, the 8th January, 2025

No. PCH-HA(1)18/2008-Loose-II-373-565.—In exercise of the powers conferred by section 186 of the Himachal Pradesh Panchayati Raj Act, 1994 (Act No. 4 of 1994), the Governor, Himachal Pradesh, proposes to make the following rules, further to amend the Himachal Pradesh Panchayati Raj (Election) Rules, 1994 notified *vide* this Department notification No. PCH-HA (3) 6/94, dated 7th February, 1995 and published in the Rajpatra, Himachal Pradesh (Extra-ordinary) on 8th February, 1995 and the same are hereby published in the Rajpatra (e-Gazette) Himachal Pradesh, for the information of the general public as required under sub Section (3) of section 186 of the above Act;

If any interested person, likely to be affected by these draft rules has any objection(s)/suggestion(s) with regard to the proposed rules, he/she may send the written objection(s) or suggestion(s) to the Director, Panchayati Raj, Himachal Pradesh, SDA Complex, Kasumpti, Shimla-171009, within a period of fifteen days from the date of publication of the draft rules in the Rajpatra (e-Gazette) Himachal Pradesh;

The objection(s) or suggestion(s), if any, received within the period stipulated above shall be taken into consideration by the State Government before finalizing these draft rules, namely :—

DRAFT RULES

1. Short title and commencement.—(1) These rules may be called the Himachal Pradesh Panchayati Raj (Election) Amendment Rules, 2025.

(2) These rules shall come into force from the date of their publication in Rajpatra (e-Gazette), Himachal Pradesh except rule 2 of these rules which shall come into force from such date as may be notified by the State Government.

2. Amendment of rule 9.—In rule 9 of the Himachal Pradesh Panchayati Raj (Election) Rules, 1994 (hereinafter referred to as the ‘said rules’) in sub-rule (2) for the words and sign “While delimiting the constituencies of Zila Parishad, **Sabha Area** shall be a unit”, the words and signs “While delimiting the constituencies of Zila Parishad, **Panchayat Samiti Area** shall be a unit. The Zila Parishad Ward(s) shall not transgress the boundaries of Panchayat Samiti” shall be substituted.

3. Amendment of rule 24.—In sub-rule (3) of rule 24 of the said rules, for the second proviso the following shall be substituted, namely:—

“Provided further that an application under this rule shall not be submitted after the Notification of Election Programme under rule 32 of these rules:”.

4. Amendment of rule 32.—In rule 32 of the said rules for sub-rule (3) and (4), the following shall be substituted, namely:—

- “(3) The election programme shall be notified by the State Election Commission seven days before the date of filing of nomination papers:

Provided that District Election Officer (P) shall issue a notice of election under rule 33 on the date as may be specified by the State Election Commission.

- (4) The period for filing of nomination papers shall be three days and the date of scrutiny shall be the next day from the last date of filing of nomination papers. The date of withdrawal shall be the third and fourth day from the date of scrutiny. The date for affixing the list of contesting candidates shall be the last date fixed for withdrawal of candidature. The list of polling stations shall be published well before the date of withdrawal. The gap between the date of withdrawal and the date of poll shall be ten days and the day of poll shall preferably be a Sunday or any gazetted holiday:

Provided that no nomination paper or withdrawal application shall be delivered on a day which is a public holiday.

5. Amendment of rule 33.—In rule 33 of the said rules for the words “on which Election Programme is issued” the words “as may be specified by the State Election Commission in the Election Programme,” shall be substituted.

6. Amendment of rule 35.— In rule 35 of the said rules, after sub-rule (3), the following sub-rules shall be added, namely:—

“(4) A proposer may propose only one candidate for one post. Proposal once made shall not be withdrawn or cancelled.

(5) In a ward which is reserved for Scheduled Castes/Scheduled Tribes/Other Backward Classes, the nomination paper shall not be treated as valid, unless it contains a declaration by the candidate specifying particular caste or tribe or backward class of which he is a member and the candidate submits a certificate issued by the competent authority authorized by the State Government, certifying that the candidate belongs to such Scheduled Caste or Scheduled Tribe or Other Backward Class, as the case may be”.

7. Amendment of rule 40.—In sub-rule (1) of rule 40 of the said rules, the words “**the date**” shall be substituted by the words “**the last date**”.

8. Amendment of rule 91.—In rule 91, of the said rule the following proviso shall be added, namely:—

“Provided that the State Election Commission may appoint observer(s), who shall be an officer of Government to watch the conduct of election or elections in a Development Block or a group of Development Blocks and to perform such other functions as may be entrusted to him by the State Election Commission”.

9. Insertion of Rule 91-A.—In the said rules, after rule 91, the following rule shall be inserted, namely:—

“91-A Duties of the District Election Officers (Panchayat).—The District Election Officer (Panchayat) shall subject to the supervision and control of the State Election Commission do all such acts and things as may be necessary to effectively conduct the elections in the manner provided by these rules or orders made there under”.

10. Amendment of Form-2.—In the said rules, in FORM-2 in Sr. No. (v), after the words “Gram Panchayat” the words or “Municipality” shall be added.

11. Amendment of Form-15.—In the said rules in FORM-15, for the words “Registration Officer”, the words and signs “District Election Officer (Panchayat)” shall be substituted.

12. Amendment of Form-18.—In the said rules in FORM-18, after the line “Postal Address” the words and signs “Mobile Number” shall be inserted.

13. Amendment of Form-38.—In the said rules in FORM- 38 (Part-II), for the words and sign “Returning Officer/Officer authorized by Returning Officer” the words and signs “District Election Officer (Panchayat)” shall be substituted.

14. Amendment of Form-39.—In the said rules in FORM- 39, for the words, “Returning Officer” the words “District Election Officer” shall be substituted.

By order,

Sd/-

Secretary (Panchyati Raj).

FORM-2

[See rule 18 (1) and 24]

CLAIM APPLICATION FOR INCLUSION OF NAME

To

The Revising Authority,
Gram Panchayat.....
Development Block.....
District, Himachal Pradesh.

Sir,

I request that my name be included in the electoral roll for the.....
.....constituency relating to Gram Panchayat.....

My Name (in full).....

My father's/mother's/husband's Name.....

Particulars of my place of residence are.....

House No.

Street/Mohalla/Village.....

Post Office.....

Tehsil and District.....

I hereby declare that, to the best of my knowledge and belief that:—

- (i) I am a citizen of India.
- (ii) My age on..... *i.e.* the date notified by the State Election Commission under clause (e) of rule 14 was/ will be.....years.....months.
- (iii) I am an ordinarily resident of the address given above.
- (iv) I have not applied for the inclusion of my name in the electoral roll for any other Constituency.
- (v) My name has not been included in the electoral roll for any constituency of the above mentioned Gram Panchayat or **Municipality** any constituency of any other Gram Panchayat in Himachal Pradesh.

OR

That my name has been included in the electoral roll for the Ward Number.....
of Gram Panchayat.....Development Block.....
District..... at Serial No.....and, I request that the same may be excluded
from the electoral roll.

Place.....

Date

Signature/thumb impression of

Claimant.....

(Full postal address).....

.....

.....

.....

I am an elector included in the electoral roll of the same part in which the claimant has applied for inclusion viz. Part No.....

.....relating to.....

my serial number there into.....support his claim and counter sign it.....Signature of the elector.

DECLARATION

I hereby declare that I am aware that in case any of the information given by me is proved to be wrong, I shall be liable to criminal action under various sections of the Indian Penal Code.

.....
Signature of the claimant.

Strike off the inappropriate words.

Note—Any person who makes a statement or declaration which is false and which he either knows or believes to be false or does not believe to be true is punishable in accordance with the law in force.

FORM-15

[See rule 21(1)]

NOTICE OF FINAL PUBLICATION OF ELECTORAL ROLL

It is hereby notified for public information that the additions/deletions and corrections ordered by the Revising Authority/Appellate Authority to the draft electoral roll for Constituency No.....(Constituency) of Gram Panchayat/Panchayat Samiti/Zila Parishad..... has been incorporated in the said draft roll or list of such amendments has been prepared in accordance with the Himachal Pradesh Panchayati Raj (Election) Rules, 1994 and a copy of the electoral roll so corrected alongwith list of amendments has been published finally.

District Election Officer (Panchayat)

Place.....

Date.....

FORM-18

(See rule 35)

NOMINATION PAPER

*Election of member from.....(Constituency) of Gram Sabha.

*Election of Pradhan from.....Gram Sabha.

*Election of Up-Pradhan from.....Gram Sabha.

*Election of member to Panchayat Samiti.....from constituency.

*Election of member to Zila Parishad.....from constituency.

I, nominate as a candidate for above election—

Candidate's Name.....

Father's or Husband's name.....

Postal Address.....

Mobile Number.....

His name is entered at serial No..... in the electoral roll for constituency ofGram Sabha/Panchayat Samiti/Zila Parishad.

My name is entered at Serial No.....in the electoral roll for.....constituency ofGram Sabha/Panchayat Samiti/Zila Parishad.

Date.....

Name and Signature of Proposer.

I.....the above mentioned candidate, assent to this nomination and hereby declare that—

(a) I have completed..... years of age.

I have not encroached upon any land belonging to or taken on lease or requisitioned by, or on behalf of, the State Government, Municipality, Gram Panchayat, Panchayat Samiti, Zila Parishad or a Co-operative Society and also do not suffer from any other disqualifications under the Act.

(b) I further declare that I am a member of the.....Caste/Tribe which is a Scheduled Caste/Tribe.

(c) I have enclosed—"No Dues Certificate" duly issued by the competent authority as required under rule 35(2) of the Himachal Pradesh Panchayati Raj (Election) Rules, 1994.

(d) I shall neither use narcotics nor cultivate the poppy, opium and cannabis and shall also persuade others not to use narcotics and cultivate the poppy, opium and cannabis in the Panchayat area.

Signature of Candidate.

Place.....

Date.....

(To be filled by the Returning Officer)

Serial No. of nomination paper.....

This nomination paper was delivered to me at.....
 (Place) at.....(hour)on..... (date) by
 the.....*candidate/proposer.

Date.....

Returning Officer.

(Decision of the Returning Officer accepting or rejecting the nomination paper)

I have examined this nomination paper in accordance with law and decide as follows:—

Date.....

Returning Officer

The nomination paper of the above candidate has neither been rejected nor he as withdrawn his candidature and therefore.....(name of symbol) is here by allotted.

Date.....

Returning Officer

RECEIPT FOR NOMINATION PAPER AND NOTICE OF SCRUTINY AND WITHDRAWAL

(To be handed over to the person presenting this nomination paper)

Serial No. of nomination paper

The nomination paper of..... a candidate for election of or
 *member/Pradhan/Up-Pradhan of Gram Panchayat, Member of Panchayat Samiti/Member of Zila
 Parishad from.....constituency of
Gram Sabha
 Constituency of Panchayat Samiti Constituency
 of.....Zila Parishad delivered to me at my office
 at..... (hour) on..... (date) by the candidate/proposer.
 All nomination papers will be taken up for scrutiny at (hours) on
 (date) at..... (place).

The candidature may be withdrawn upto.....(hours)
 (date). The symbol may be allotted immediately after the
 expiry of time fixed for withdrawal.

Date

Returning Officer.

*Score out the words not applicable.

FORM 38 (PART-II)

(See rule 75)

DISTRICT LEVEL COUNTING

RESULT SHEET OF COUNTING OF VOTES OF MEMBER

OF ZILA PARISHAD.....
 Constituency No.....

Sl. No.	Name of Candidates	No. of votes secured by candidate in Polling Stations situated in various Blocks			Total
		Block.....	Block.....	Block.....	
1	2	3	4	5	6
1.					
2.					
3.					
4.					
5.					
6.					
*					

- (a) Total No. of valid votes
- (b) Total No. of rejected votes.....
- (c) Total No. of votes for NOTA.....
- (d) Total No. of votes polled (a+b+c)
- (e) Total No. of tendered votes

Place of counting.....

Dated.....

District Election Officer (Panchayat).

*In case of dearth of space, back page may be used

FORM-39

(See rule 75)

FORM OF RETURN OF ELECTION OF MEMBER OF ZILA PARISHAD

Election of member of Zila Parishad.....from
 constituency No.....

11856

राजपत्र, हिमाचल प्रदेश, 16 जनवरी, 2025/26 पौष, 1946

Sl. No.	Name of Candidate	No. of valid votes cast in favour of the candidate
1	2	3

- (a) Total No. of valid votes.....
- (b) Total No. of invalid votes.....
- (c) Total No. of votes for NOTA.....
- (d) Total No. of polled votes

I declare that—

(Name).....

Address.....

.....has been duly elected.

.....
District Election Officer.

Dated, the.....day of.....20.....

*In case of dearth of space, back page may be used.

ब अदालत कार्यकारी दण्डाधिकारी एवं तहसीलदार, मण्डी, जिला मण्डी (हि0 प्र0)

मिसल नं0 : 33/2024

तारीख मजरूआ : 30-08-2024

तारीख पेशी : 28-01-2025

नासीर खान पुत्र श्री रसीद खान मकान नं0 249/11 थनेहड़ा, मुहल्ला नगर निगम मण्डी, तहसील सदर, जिला मण्डी, हि0 प्र0।

बनाम

आम जनता

प्रार्थना—पत्र जेर धारा 13(3) के अन्तर्गत नगर निगम में जन्म एवं मृत्यु अधिनियम, 1669 के अन्तर्गत जन्म तिथि दर्ज करवाने बारे इश्तहार/समाचार पत्र में प्रकाशन बारे।

नासीर खान पुत्र श्री रसीद खान मकान नं0 249/11 थनेहड़ा, मुहल्ला नगर निगम मण्डी, तहसील सदर, जिला मण्डी, हि0 प्र0 ने इस अदालत में प्रार्थना—पत्र दायर किया है कि मेरा जन्म दिनांक 02-01-1969 को स्थान थनेहड़ा, मुहल्ला नगर निगम मण्डी में घर पर हुआ है लेकिन अज्ञानतावश मेरे

माता-पिता इसे थनेहड़ा, मुहल्ला नगर निगम मण्डी के रिकार्ड में दर्ज न करा सके हैं। जिसे अब दर्ज किया जावे।

प्रार्थना-पत्र में वर्णित जन्म तिथि के दर्ज करने बारे आम जनता को गजट राजपत्र हिमाचल प्रदेश में प्रकाशन के माध्यम से सूचित किया जाता है कि यदि किसी व्यक्ति को श्री नासीर खान पुत्र श्री रसीद खान मकान नं० 249/11 थनेहड़ा, मुहल्ला नगर निगम मण्डी, तहसील सदर, जिला मण्डी, हि० प्र० की जन्म तिथि 02-01-1969 के पंजीकरण रजिस्टर थनेहड़ा, मुहल्ला नगर निगम मण्डी में कोई एतराज हो तो वह दिनांक 28-01-2025 को असालतन या वकालतन प्रातः 11.00 बजे इस न्यायालय में हाजिर होकर अपना एतराज पेश कर सकता है। निश्चित तिथि के दौरान कोई भी उजर/एतराज प्राप्त न होने पर आम जनता के खिलाफ एकतरफा कार्यवाही अमल में लाई जाएगी।

यह इशतहार आज दिनांक 21-12-2024 को हमारे हस्ताक्षर व मोहर अदालत से जारी हुआ।

मोहर।

हस्ताक्षरित/—
कार्यकारी दण्डाधिकारी एवं तहसीलदार,
मण्डी, जिला मण्डी (हि० प्र०)।

ब अदालत कार्यकारी दण्डाधिकारी एवं तहसीलदार, मण्डी, जिला मण्डी (हि० प्र०)

मिसल नं० : 52/2024

तारीख मजरूआ : 04-10-2024

तारीख पेशी : 28-01-2025

रीनू देवी पत्नी स्व० कर्म सिंह, निवासी गांव गुहर मझवाडी, डा० अप्पर भाम्बला, तहसील बल्दाड़ा, जिला मण्डी, हि० प्र०।

बनाम

आम जनता

प्रार्थना-पत्र जेर धारा 13(3) के अन्तर्गत नगर निगम में जन्म एवं मृत्यु अधिनियम, 1669 के अन्तर्गत मृत्यु तिथि दर्ज करवाने बारे इशतहार/समाचार पत्र में प्रकाशन बारे।

रीनू देवी पत्नी स्व० कर्म सिंह, निवासी गांव गुहर मझवाडी, डा० अप्पर भाम्बला, तहसील बल्दाड़ा, जिला मण्डी, हि० प्र० ने इस अदालत में प्रार्थना-पत्र दायर किया है कि उसकी पुत्री बन्दना देवी की मृत्यु दिनांक 06-12-2014 को मकान नं० 73/9, भगवान मुहल्ला मण्डी, तहसील सदर, जिला मण्डी, हि० प्र० में हुई है लेकिन अज्ञानतावश उसके माता-पिता व सगेसम्बन्धी इसे नगर निगम मण्डी के रिकार्ड में दर्ज न करा सके हैं। जिसे अब दर्ज किया जावे।

प्रार्थना-पत्र में वर्णित मृत्यु तिथि के दर्ज करने बारे आम जनता को गजट राजपत्र हिमाचल प्रदेश में प्रकाशन के माध्यम से सूचित किया जाता है कि यदि किसी व्यक्ति को रीनू देवी पत्नी स्व० कर्म सिंह, निवासी गांव गुहर मझवाडी, डा० अप्पर भाम्बला, तहसील बल्दाड़ा, जिला मण्डी, हि० प्र० की पुत्री बन्दना देवी की मृत्यु तिथि 06-12-2014 के पंजीकरण रजिस्टर नगर निगम मण्डी, तहसील सदर, जिला मण्डी में कोई एतराज हो तो वह दिनांक 28-01-2025 को असालतन या वकालतन प्रातः 11.00 बजे इस न्यायालय में हाजिर होकर अपना एतराज पेश कर सकता है। निश्चित तिथि के दौरान कोई भी उजर/एतराज प्राप्त न होने पर आम जनता के खिलाफ एकतरफा कार्यवाही अमल में लाई जाएगी।

यह इशतहार आज दिनांक 21-12-2024 को हमारे हस्ताक्षर व मोहर अदालत से जारी हुआ।

मोहर।

हस्ताक्षरित/—
कार्यकारी दण्डाधिकारी एवं तहसीलदार,
मण्डी, जिला मण्डी (हि0 प्र0)।

ब अदालत कार्यकारी दण्डाधिकारी एवं तहसीलदार, मण्डी, जिला मण्डी (हि0 प्र0)

मिसल नं0 : 55/2024

तारीख मजरूआ : 10-06-2024

तारीख पेशी : 28-01-2025

धनी राम पुत्र देबू, निवासी गांव सौझा, डा0 जरल, तहसील सदर, जिला मण्डी, हि0 प्र0।

बनाम

आम जनता

प्रार्थना-पत्र जेर धारा 13(3) के अन्तर्गत नगर निगम में जन्म एवं मृत्यु अधिनियम, 1669 के अन्तर्गत मृत्यु तिथि दर्ज करवाने बारे इशतहार/समाचार पत्र में प्रकाशन बारे।

धनी राम पुत्र देबू, निवासी गांव सौझा, डा0 जरल, तहसील सदर, जिला मण्डी, हि0 प्र0 ने इस अदालत में प्रार्थना-पत्र दायर किया है कि मेरी माता श्रीमती घेली देवी की मृत्यु दिनांक 15-03-1983 को गांव सौझा में घर पर हुई थी लेकिन अज्ञानतावश इसे पंचायत पण्डोह के रिकार्ड में दर्ज न करा सके हैं। जिसे अब दर्ज किया जावे।

प्रार्थना-पत्र में वर्णित मृत्यु तिथि के दर्ज करने बारे आम जनता को गजट राजपत्र हिमाचल प्रदेश में प्रकाशन के माध्यम से सूचित किया जाता है कि यदि किसी व्यक्ति को श्रीमती घेली देवी पत्नी श्री देवी राम, निवासी गांव सौझा, डा0 जरल, तहसील सदर, जिला मण्डी, हि0 प्र0 की मृत्यु तिथि 15-03-1983 के पंजीकरण किये जाने बारे रजिस्टर पंचायत पण्डोह के रिकार्ड में कोई एतराज हो तो वह दिनांक 28-01-2025 को असालतन या वकालतन प्रातः 11.00 बजे इस न्यायालय में हाजिर होकर अपना एतराज पेश कर सकता है। निश्चित तिथि के दौरान कोई भी उजर/एतराज प्राप्त न होने पर आम जनता के खिलाफ एकतरफा कार्यवाही अमल में लाई जाएगी।

यह इशतहार आज दिनांक 21-12-2024 को हमारे हस्ताक्षर व मोहर अदालत से जारी हुआ।

मोहर।

हस्ताक्षरित/—
कार्यकारी दण्डाधिकारी एवं तहसीलदार,
मण्डी, जिला मण्डी (हि0 प्र0)।

ब अदालत कार्यकारी दण्डाधिकारी एवं तहसीलदार, मण्डी, जिला मण्डी (हि0 प्र0)

मिसल नं0 : 15/2024

तारीख मजरूआ : 15-05-2024

तारीख पेशी : 28-01-2025

गोपाल पुन मगर पुत्र श्री गनेश, गांव व डा0 बाड़ी गुमाणू, तहसील सदर, जिला मण्डी, हि0 प्र0।

बनाम

आम जनता

प्रार्थना-पत्र जेर धारा 13(3) के अन्तर्गत पंचायत में नाम व जन्म तिथि दर्ज करवाने बारे जन्म एवं मृत्यु अधिनियम, 1669 के अन्तर्गत दुरुस्ती इशतहार/समाचार पत्र में प्रकाशन बारे।

गोपाल पुन मगर पुत्र श्री गनेश, गांव व डा0 बाड़ी गुमाणू, तहसील सदर, जिला मण्डी, हि0 प्र0 ने इस अदालत में प्रार्थना-पत्र दायर किया है कि मेरे पुत्र अंकुश का जन्म दिनांक 10-08-2018 को ग्राम पंचायत बाड़ी गुमाणू, तहसील सदर, जिला मण्डी में हुआ है, लेकिन मैं समय पर अपने पुत्र का जन्म ग्राम पंचायत बाड़ी गुमाणू के रिकार्ड में दर्ज न करा सका हूँ। जिसे अब दर्ज करने के आदेश ग्राम पंचायत सचिव बाड़ी गुमाणू, तहसील सदर मण्डी, हि0 प्र0 को जारी किये जावे।

प्रार्थना-पत्र में वर्णित नाम अंकुश जन्म तिथि 10-08-2018 के दर्ज करने बारे आम जनता को गजट राजपत्र हिमाचल प्रदेश में प्रकाशन के माध्यम से सूचित किया जाता है कि यदि उक्त प्रार्थी श्री अंकुश पुत्र गोपाल पुन मगर पुत्र श्री गनेश, गांव व डा0 बाड़ी गुमाणू, तहसील सदर, जिला मण्डी, हि0 प्र0 की जन्म तिथि 10-08-2018 व नाम को ग्राम पंचायत बाड़ी गुमाणू के रिकार्ड में दर्ज किए जाने बारे किसी को कोई उजर/एतराज हो तो वह दिनांक 28-01-2025 को अस्सालतन या वकालतन प्रातः 11.00 बजे इस न्यायालय में हाजिर होकर अपना उजर/एतराज पेश कर सकता है। निर्धारित तिथि के पश्चात् कोई उजर/एतराज प्राप्त न होने पर कोई विचार नहीं किया जाएगा तथा दावा में एकपक्षीय कार्यवाही अमल में लाई जाएगी।

यह इशतहार आज दिनांक 21-12-2024 को हमारे हस्ताक्षर व मोहर अदालत से जारी हुआ।

मोहर।

हस्ताक्षरित/—
कार्यकारी दण्डाधिकारी एवं तहसीलदार,
मण्डी, जिला मण्डी (हि0 प्र0)।

ब अदालत कार्यकारी दण्डाधिकारी एवं तहसीलदार, मण्डी, जिला मण्डी (हि0 प्र0)

मिसल नं0 : 52/2024

तारीख मजरूआ : 04-10-2024

तारीख पेशी : 28-01-2025

सरला देवी पुत्री स्व0 श्री गोकल राम, गांव म0 नं0 24/4, सौली खड्ड मण्डी, तहसील सदर, जिला मण्डी, हि0 प्र0।

बनाम

आम जनता

प्रार्थना-पत्र जेर धारा 13(3) के अन्तर्गत पंचायत में नाम व जन्म तिथि दर्ज करवाने बारे जन्म एवं मृत्यु अधिनियम, 1669 के अन्तर्गत दुरुस्ती इशतहार/समाचार पत्र में प्रकाशन बारे।

सरला देवी पुत्री स्व0 श्री गोकल राम, गांव म0 नं0 24/4, सौली खड्ड, मण्डी, तहसील सदर, जिला मण्डी, हि0 प्र0 ने इस अदालत में प्रार्थना-पत्र दायर किया है कि मेरा जन्म ग्राम पंचायत मझवाड़ में दिनांक 28-08-1959 को घर पर हुआ था, लेकिन अज्ञानतावश/अनजाने में अनपढ़ता के कारण मेरे माता-पिता इसे ग्राम पंचायत मझवाड़ के रिकार्ड में दर्ज न करा सके हैं। जिसे अब दर्ज करने के आदेश ग्राम पंचायत सचिव मझवाड़ को जारी किये जावें।

प्रार्थना-पत्र में वर्णित नाम सरला देवी जन्म तिथि 28-08-1959 के दर्ज करने बारे आम जनता को गजट राजपत्र हिमाचल प्रदेश में प्रकाशन के माध्यम से सूचित किया जाता है कि यदि उक्त प्रार्थिया श्रीमती सरला देवी पुत्री स्व० श्री गोकल राम की जन्म तिथि 28-08-1959 व नाम को ग्राम पंचायत मझवाड़ के रिकार्ड में दर्ज किए जाने बारे किसी को कोई उजर/एतराज हो तो वह दिनांक 28-01-2025 को असालतन या वकालतन प्रातः 11.00 बजे इस न्यायालय में हाजिर होकर अपना उजर/एतराज पेश कर सकता है। निर्धारित तिथि के पश्चात् कोई उजर/एतराज प्राप्त न होने पर कोई विचार नहीं किया जाएगा तथा दावा में एकपक्षीय कार्यवाही अमल में लाई जाएगी।

यह इशतहार आज दिनांक 21-12-2024 को हमारे हस्ताक्षर व मोहर अदालत से जारी हुआ।

मोहर।

हस्ताक्षरित/—
कार्यकारी दण्डाधिकारी एवं तहसीलदार,
मण्डी, जिला मण्डी (हि० प्र०)।

ब अदालत कार्यकारी दण्डाधिकारी एवं तहसीलदार, मण्डी, जिला मण्डी (हि० प्र०)

मिसल नं० : 49/2024

तारीख मजरूआ : 31-12-2024

तारीख पेशी : 28-01-2025

विशाल पुत्र स्व० अमरू, निवासी गांव मैगल, डा० बिजनी, तहसील सदर, जिला मण्डी, हि० प्र०।

बनाम

आम जनता

प्रार्थना-पत्र जेर धारा 13(3) के अन्तर्गत पंचायत में नाम व जन्म तिथि दर्ज करवाने बारे जन्म एवं मृत्यु अधिनियम, 1969 के अन्तर्गत दुरुस्ती इशतहार/समाचार पत्र में प्रकाशन बारे।

विशाल पुत्र स्व० अमरू, निवासी गांव मैगल, डा० बिजनी, तहसील सदर, जिला मण्डी, हि० प्र० ने इस अदालत में प्रार्थना-पत्र दायर किया है कि मेरा जन्म दिनांक 04-11-2004 को मेरे गांव मैगल, डा० बिजनी, तहसील सदर, जिला मण्डी में हुआ है, लेकिन अज्ञानतावश/अनजाने में अनपढ़ता के कारण मेरे माता-पिता इसे ग्राम पंचायत टाण्डू के रिकार्ड में दर्ज न करा सके हैं। जिसे अब दर्ज करने के आदेश ग्राम पंचायत सचिव टाण्डू, तहसील सदर मण्डी, हि० प्र० को जारी किये जावे।

प्रार्थना-पत्र में वर्णित नाम विशाल जन्म तिथि 04-11-2004 को दर्ज करने बारे आम जनता को गजट राजपत्र हिमाचल प्रदेश में प्रकाशन के माध्यम से सूचित किया जाता है कि यदि उक्त प्रार्थी श्री विशाल पुत्र स्व० अमरू, निवासी गांव मैगल, डा० बिजनी, तहसील सदर, जिला मण्डी, हि० प्र० की जन्म तिथि 04-11-2004 व नाम को ग्राम पंचायत टाण्डू के रिकार्ड में दर्ज किए जाने बारे किसी को कोई उजर/एतराज हो तो वह दिनांक 28-01-2025 को असालतन या वकालतन प्रातः 11.00 बजे इस न्यायालय में हाजिर होकर अपना उजर/एतराज पेश कर सकता है। निर्धारित तिथि के पश्चात् कोई उजर/एतराज प्राप्त न होने पर कोई विचार नहीं किया जाएगा तथा दावा में एकपक्षीय कार्यवाही अमल में लाई जाएगी।

यह इशतहार आज दिनांक 21-12-2024 को हमारे हस्ताक्षर व मोहर अदालत से जारी हुआ।

मोहर।

हस्ताक्षरित/—
कार्यकारी दण्डाधिकारी एवं तहसीलदार,
मण्डी, जिला मण्डी (हि० प्र०)।

ब अदालत कार्यकारी दण्डाधिकारी एवं तहसीलदार, मण्डी, जिला मण्डी (हि0 प्र0)

मिसल नं0 : 29/2024

तारीख मजरूआ : 02-09-2024

तारीख पेशी : 28-01-2025

तनवी पुत्री अमरा देवी, गांव रोपडू, डा0 रेहड़धार, तहसील सदर, जिला मण्डी, हि0 प्र0।

बनाम

आम जनता

प्रार्थना-पत्र जेर धारा 13(3) के अन्तर्गत पंचायत में जन्म दर्ज करवाने बारे जन्म एवं मृत्यु अधिनियम, 1669 के अन्तर्गत नाम इश्तहार गजट पत्र/प्रकाशन बारे।

तनवी पुत्री अमरा देवी, गांव रोपडू, डा0 रेहड़धार, तहसील सदर, जिला मण्डी, हि0 प्र0 ने इस अदालत में प्रार्थना-पत्र दायर किया है कि मैं उपरोक्त पते की स्थाई निवासी हूं तथा मेरा जन्म तत्कालीन ग्राम पंचायत तुंग में दिनांक 22-08-2003 को मेरे घर पर हुआ था। लेकिन अज्ञानतावश/अनजाने में अनपढ़ता के कारण मेरे माता पिता इसे तत्कालीन ग्राम पंचायत मैगल व वर्तमान ग्राम पंचायत टाण्डू के रिकार्ड में दर्ज न करा सके हैं। जिसे अब दर्ज किया जावे।

प्रार्थना-पत्र में वर्णित तनवी पुत्री अमरा देवी की जन्म तिथि 22-08-2003 के दर्ज करने बारे आम जनता को गजट राजपत्र हिमाचल प्रदेश में प्रकाशन के माध्यम से सूचित किया जाता है कि यदि उक्त प्रार्थिया तनवी पुत्री अमरा देवी की जन्म तिथि 22-08-2003 तहसील सदर, जिला मण्डी, हि0 प्र0 तत्कालीन ग्राम पंचायत मैगल व वर्तमान ग्राम पंचायत टाण्डू के रिकार्ड में दर्ज किए जाने बारे किसी को कोई उजर/एतराज हो तो वह दिनांक 28-01-2025 को असालतन या वकालतन प्रातः 11.00 बजे इस न्यायालय में हाजिर होकर अपना उजर/एतराज पेश कर सकता है। निर्धारित तिथि के पश्चात् कोई उजर/एतराज प्राप्त न होने पर कोई विचार नहीं किया जाएगा तथा दावा में एकपक्षीय कार्यवाही अमल में लाई जाएगी।

आज दिनांक 21-12-2024 को हमारे हस्ताक्षर व मोहर अदालत से जारी हुआ।

मोहर।

हस्ताक्षरित/-
कार्यकारी दण्डाधिकारी एवं तहसीलदार,
मण्डी, जिला मण्डी (हि0 प्र0)।

ब अदालत कार्यकारी दण्डाधिकारी एवं तहसीलदार, मण्डी, जिला मण्डी (हि0 प्र0)

मिसल नं0 : 14/2024

तारीख मजरूआ : 15-05-2024

तारीख पेशी : 28-01-2025

गोपाल पुन मगर पुत्र श्री गनेश गांव व डा0 बाड़ी गुमाणू, तहसील सदर, जिला मण्डी, हि0 प्र0।

बनाम

आम जनता

प्रार्थना-पत्र जेर धारा 13(3) के अन्तर्गत पंचायत में नाम व जन्म तिथि दर्ज करवाने बारे जन्म एवं मृत्यु अधिनियम, 1669 के अन्तर्गत दुरुस्ती इश्तहार/समाचार पत्र में प्रकाशन बारे।

गोपाल पुन मगर पुत्र श्री गनेश गांव व डा0 बाड़ी गुमाणू तहसील सदर, जिला मण्डी, हि0 प्र0 ने इस अदालत में प्रार्थना-पत्र दायर किया है कि मेरे पुत्र आकाश का जन्म दिनांक 23-02-2010 को ग्राम पंचायत बाड़ी गुमाणू तहसील सदर, जिला मण्डी में हुआ है, लेकिन मैं समय पर अपने पुत्र का जन्म ग्राम पंचायत बाड़ी गुमाणू के रिकार्ड में दर्ज न करा सका हूं। जिसे अब दर्ज करने के आदेश ग्राम पंचायत सचिव बाड़ी गुमाणू तहसील सदर मण्डी, हि0 प्र0 को जारी किये जावे।

प्रार्थना-पत्र में वर्णित नाम आकाश जन्म तिथि 23-02-2010 को दर्ज करने बारे आम जनता को गजट राजपत्र हिमाचल प्रदेश में प्रकाशन के माध्यम से सूचित किया जाता है कि यदि उक्त प्रार्थी श्री आकाश पुत्र गोपाल पुन मगर पुत्र श्री गनेश गांव व डा0 बाड़ी गुमाणू तहसील सदर, जिला मण्डी, हि0 प्र0 की जन्म तिथि 23-02-2010 व नाम को ग्राम पंचायत बाड़ी गुमाणू के रिकार्ड में दर्ज किए जाने बारे किसी को कोई उजर/एतराज हो तो वह दिनांक 28-01-2025 को असालतन या वकालतन प्रातः 11.00 बजे इस न्यायालय में हाजिर होकर अपना उजर/एतराज पेश कर सकता है। निर्धारित तिथि के पश्चात् कोई उजर/एतराज प्राप्त न होने पर कोई विचार नहीं किया जाएगा तथा दावा में एकपक्षीय कार्यवाही अमल में लाई जाएगी।

यह इश्तहार आज दिनांक 21-12-2024 को हमारे हस्ताक्षर व मोहर अदालत से जारी हुआ।

मोहर।

हस्ताक्षरित/-
कार्यकारी दण्डाधिकारी एवं तहसीलदार,
मण्डी, जिला मण्डी (हि0 प्र0)।

ब अदालत कार्यकारी दण्डाधिकारी एवं तहसीलदार, मण्डी, जिला मण्डी (हि0 प्र0)

मिसल नं0 : 13/2024

तारीख मजरूआ : 15-05-2024

तारीख पेशी : 28-01-2025

गोपाल पुन मगर पुत्र श्री गनेश गांव व डा0 बाड़ी गुमाणू तहसील सदर, जिला मण्डी, हि0 प्र0।

बनाम

आम जनता

प्रार्थना-पत्र जेर धारा 13(3) के अन्तर्गत पंचायत में नाम व जन्म तिथि दर्ज करवाने बारे जन्म एवं मृत्यु अधिनियम, 1669 के अन्तर्गत दुरुस्ती इश्तहार/समाचार पत्र में प्रकाशन बारे।

गोपाल पुन मगर पुत्र श्री गनेश गांव व डा0 बाड़ी गुमाणू तहसील सदर, जिला मण्डी, हि0 प्र0 ने इस अदालत में प्रार्थना-पत्र दायर किया है कि मेरे पुत्र अविनाश का जन्म दिनांक 30-09-2012 को ग्राम पंचायत बाड़ी गुमाणू तहसील सदर, जिला मण्डी में हुआ है, लेकिन मैं समय पर अपने पुत्र का जन्म ग्राम पंचायत बाड़ी गुमाणू के रिकार्ड में दर्ज न करा सका हूं। जिसे अब दर्ज करने के आदेश ग्राम पंचायत सचिव बाड़ी गुमाणू तहसील सदर मण्डी, हि0 प्र0 को जारी किये जावे।

प्रार्थना-पत्र में वर्णित नाम अविनाश जन्म तिथि 30-09-2012 को दर्ज करने बारे आम जनता को गजट राजपत्र हिमाचल प्रदेश में प्रकाशन के माध्यम से सूचित किया जाता है कि यदि उक्त प्रार्थी श्री अविनाश पुत्र गोपाल पुन मगर पुत्र श्री गनेश गांव व डा0 बाड़ी गुमाणू तहसील सदर, जिला मण्डी, हि0 प्र0 की जन्म तिथि 30-09-2012 व नाम को ग्राम पंचायत बाड़ी गुमाणू के रिकार्ड में दर्ज किए जाने बारे किसी को कोई उजर/एतराज हो तो वह दिनांक 28-01-2025 को असालतन या वकालतन प्रातः 11.00 बजे इस न्यायालय में हाजिर होकर अपना उजर/एतराज पेश कर सकता है। निर्धारित तिथि के पश्चात् कोई

उजर/एतराज प्राप्त न होने पर कोई विचार नहीं किया जाएगा तथा दावा में एकपक्षीय कार्यवाही अमल में लाई जाएगी।

यह इशतहार आज दिनांक 21-12-2024 को हमारे हस्ताक्षर व मोहर अदालत से जारी हुआ।

मोहर।

हस्ताक्षरित/—
कार्यकारी दण्डाधिकारी एवं तहसीलदार,
मण्डी, जिला मण्डी (हि0 प्र0)।

ब अदालत कार्यकारी दण्डाधिकारी एवं तहसीलदार, मण्डी, जिला मण्डी (हि0 प्र0)

मिसल नं0 : 31/2024

तारीख मजरूआ : 08-08-2024

तारीख पेशी : 28-01-2025

श्रीमती कौशल्या देवी पुत्री स्व0 पूर्ण चन्द, निवासी गांव व डा0 पधीयूं मण्डी, तहसील सदर, जिला मण्डी, हि0 प्र0।

बनाम

आम जनता

प्रार्थना-पत्र नाम व जन्म तिथि दर्ज करने बारे इशतहार समाचार पत्र/मुशत्री मुनादी जेर धारा 13/3 जन्म एवं मृत्यु पंजीकरण अधिनियम, 1669.

श्रीमती कौशल्या देवी पुत्री स्व0 पूर्ण चन्द, निवासी गांव व डा0 पधीयूं मण्डी, तहसील सदर, जिला मण्डी, हि0 प्र0 ने इस अदालत में प्रार्थना-पत्र दायर किया है कि मैं उपरोक्त पते की स्थाई निवासी हूं। मेरा नाम कौशल्या देवी है व मेरा जन्म तत्कालीन ग्राम पंचायत तल्याहड़ व वर्तमान ग्राम पंचायत पधीयूं में दिनांक 06-12-1968 को घर पर हुआ था। लेकिन अज्ञानतावश/अनजाने में मेरे माता-पिता ने इसे तत्कालीन ग्राम पंचायत तल्याहड़ व वर्तमान ग्राम पंचायत पधीयूं के रिकार्ड में दर्ज न करा सके हैं। जिसे अब दर्ज करने के आदेश ग्राम पंचायत सचिव तल्याहड़ को जारी किये जावे।

प्रार्थना-पत्र में वर्णित नाम कौशल्या देवी जन्म तिथि 06-12-1968 को दर्ज करने बारे आम जनता/सर्वसाधारण को समाचार पत्र में प्रकाशन के माध्यम से सूचित किया जाता है कि यदि उक्त प्रार्थिया श्रीमती कौशल्या देवी पुत्री स्व0 पूर्ण चन्द, निवासी गांव व डा0 पधीयूं मण्डी, तहसील सदर, जिला मण्डी, हि0 प्र0 की जन्म तिथि 06-12-1968 व नाम को ग्राम पंचायत तल्याहड़ व वर्तमान ग्राम पंचायत पधीयूं के रिकार्ड में दर्ज किए जाने बारे किसी को कोई उजर/एतराज हो तो वह दिनांक 28-01-2025 को असालतन या वकालतन प्रातः 11.00 बजे इस न्यायालय में हाजिर होकर अपना उजर/एतराज पेश कर सकता है। निर्धारित तिथि के पश्चात् कोई उजर/एतराज प्राप्त न होने पर कोई विचार नहीं किया जाएगा तथा दावा एकपक्षीय कार्यवाही अमल में लाई जाएगी।

आज दिनांक 21-12-2024 को हमारे हस्ताक्षर व मोहर अदालत से जारी हुआ।

मोहर।

हस्ताक्षरित/—
कार्यकारी दण्डाधिकारी एवं तहसीलदार,
मण्डी, जिला मण्डी (हि0 प्र0)।

ब अदालत कार्यकारी दण्डाधिकारी एवं तहसीलदार, मण्डी, जिला मण्डी (हि0 प्र0)

मिसल नं0 : 64/2024

तारीख मजरूआ : 08-08-2024

तारीख पेशी : 28-01-2025

अन्जना कुमारी पुत्री श्री गरीब दास, निवासी गांव पुलघराट, डा0 गुटकर, तहसील सदर, जिला मण्डी, हि0 प्र0।

बनाम

आम जनता

प्रार्थना-पत्र नाम व जन्म तिथि दर्ज करने बारे इश्तहार समाचार पत्र/मुश्री मुनादी जेर धारा 13/3 जन्म एवं मृत्यु पंजीकरण अधिनियम, 1669.

प्रार्थिया अन्जना कुमारी पुत्री श्री गरीब दास, निवासी गांव पुलघराट, डा0 गुटकर, तहसील सदर, जिला मण्डी, हि0 प्र0 ने इस अदालत में प्रार्थना-पत्र दायर किया है कि मैं उपरोक्त पते की स्थाई निवासी हूं। मेरा नाम अन्जना कुमारी है व मेरा जन्म दिनांक 06-01-1976 को गांव पुलघराट, डा0 गुटकर, तहसील सदर, जिला मण्डी में घर पर हुआ था। लेकिन अज्ञानतावश/अनजाने में मेरे माता-पिता मेरी जन्म तिथि व नाम को नगर निगम के रिकार्ड में दर्ज न करा सके हैं। जिसे अब दर्ज करने के आदेश नगर निगम मण्डी को जारी किये जावे।

प्रार्थना-पत्र में वर्णित नाम अन्जना कुमारी जन्म तिथि 06-01-1976 को दर्ज करने बारे आम जनता/सर्वसाधारण को समाचार पत्र में प्रकाशन के माध्यम से सूचित किया जाता है कि यदि उक्त प्रार्थिया अन्जना कुमारी पुत्री श्री गरीब दास, निवासी गांव पुलघराट, डा0 गुटकर, तहसील सदर, जिला मण्डी, हि0 प्र0 की जन्म तिथि 06-01-1976 व नाम अन्जना कुमारी नगर निगम के रिकार्ड में दर्ज किए जाने बारे किसी को कोई उजर/एतराज हो तो वह दिनांक 28-01-2025 को असालतन या वकालतन प्रातः 11.00 बजे इस न्यायालय में हाजिर होकर अपना उजर/एतराज पेश कर सकता है। निर्धारित तिथि के पश्चात् कोई उजर/एतराज प्राप्त न होने पर कोई विचार नहीं किया जाएगा तथा दावा एकपक्षीय कार्यवाही अमल में लाई जाएगी तथा उक्त व्यक्ति के नाम व जन्म तिथि को दर्ज करने के आदेश नगर निगम मण्डी को पारित कर दिए जाएंगे।

आज दिनांक 21-12-2024 को हमारे हस्ताक्षर व मोहर अदालत से जारी हुआ।

मोहर।

हस्ताक्षरित/-
कार्यकारी दण्डाधिकारी एवं तहसीलदार,
मण्डी, जिला मण्डी (हि0 प्र0)।

ब अदालत सहायक समाहर्ता प्रथम श्रेणी एवं तहसीलदार, सदर, जिला मण्डी (हि0 प्र0)

मिसल नं0 : 65/2024

तारीख मजरूआ : 26-04-2024

तारीख पेशी : 28-01-2025

पिपला शर्मा पत्नी श्री जय चन्द शर्मा, म0 नं0 99/2, पुरानी मण्डी, तहसील सदर, जिला मण्डी (हि0 प्र0)।

बनाम

आम जनता

प्रार्थना-पत्र जेर धारा 37 ता 38 भू-राजस्व अधिनियम, 1957 के अन्तर्गत नाम दुरुस्ती बारे।

पिपला शर्मा पत्नी श्री जय चन्द शर्मा, म0 नं0 99/2, पुरानी मण्डी, तहसील सदर, जिला मण्डी (हि0 प्र0) ने इस अदालत में प्रार्थना-पत्र दायर किया है कि मेरा जो सही नाम है वह स्कूल प्रमाण-पत्र व पैन कार्ड में सही दर्ज किया गया परन्तु आधार कार्ड व राजस्व रिकार्ड में गलत दर्ज किया है। जिससे राजस्व रिकार्ड में नाम भिन्न होने के कारण मुझे बहुत सी असुविधाओं का सामना करना पड़ रहा है। जिसे मैं अब दुरुस्त करवाना चाहती हूँ। जिसे दर्ज करने के आदेश मुहाल पुरानी मण्डी को जारी किये जावें।

प्रार्थना-पत्र में वर्णित प्रार्थिया का नाम दुरुस्त करने बारे आम जनता को गजट राजपत्र हिमाचल प्रदेश में प्रकाशन के माध्यम से सूचित किया जाता है कि अगर किसी व्यक्ति को उक्त प्रार्थिया श्रीमती पिपला शर्मा पत्नी श्री जय चन्द शर्मा, मुहाल पुरानी मण्डी के राजस्व रिकार्ड में दर्ज किये जाने बारे कोई उजर/एतराज हो तो वह असालतन या वकालतन अपना एतराज इस न्यायालय में दिनांक 28-01-2025 को प्रातः 11.00 बजे उपस्थित होकर प्रस्तुत कर सकते हैं। निश्चित अवधि के दौरान कोई भी उजर/एतराज न आने की सूरत में आम जनता के विरुद्ध एकतरफा कार्यवाही अमल में लाई जावेगी।

आज दिनांक 21-12-2024 को मेरे हस्ताक्षर व मोहर अदालत से जारी हुआ।

मोहर।

हस्ताक्षरित/—
सहायक समाहर्ता प्रथम श्रेणी एवं तहसीलदार,
तहसील सदर, जिला मण्डी (हि0 प्र0)।

**ब अदालत सहायक समाहर्ता द्वितीय श्रेणी, तहसील पांवटा साहिब,
जिला सिरमौर (हि0प्र0)**

केस नं0 : /2024

दायर तिथि : 30-12-2024

श्रीमती नरवदा देवी पत्नी शमशेर सिंह, निवासी सारा काईला, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0)।

बनाम

आम जनता

प्रार्थना-पत्र जेरे धारा 13 (3) जन्म एवं मृत्यु पंजीकरण अधिनियम, 1969.

प्रार्थिया श्रीमती नरवदा देवी पत्नी शमशेर सिंह, निवासी सारा काईला, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0) का एक आवेदन पत्र द्वारा मुख्य रजिस्ट्रार जन्म एवं मृत्यु/मुख्य चिकित्सा अधिकारी, नाहन के पत्र एचएफडब्ल्यू-एन/एसटी/बीएण्डडी/डिलेय केसिस/2024-9258, दिनांक 18-12-2024 द्वारा अनुलग्न क्रमशः अपना ब्यान हल्फी, दो गवाहन ब्यान हल्फी, आधार कार्ड सहित इस अदालत में प्राप्त हुआ है जिसमें प्रार्थिया ने प्रार्थना की है कि उसकी स्वयं की जन्म तिथि 01-07-1960 है, जिसका अज्ञानतावश प्रार्थिया स्वयं की जन्म तिथि का ईन्द्राज ग्राम पंचायत छछेती के जन्म अभिलेख में दर्ज नहीं करवा सकी है, जिसे प्रार्थिया अब दर्ज करवाना चाहती है।

अतः सर्वसाधारण को इस इशतहार के माफत सूचित किया जाता है कि इस बारे किसी को कोई भी उजर/एतराज हो तो वह दिनांक 30-01-2025 को प्रातः 11.00 बजे या इससे पूर्व किसी भी कार्यदिवस में अदालत हजा स्थित पांवटा साहिब में असालतन या वकालतन हाजिर आकर उजर/एतराज दर्ज करा सकता

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राजपत्र, हिमाचल प्रदेश, 16 जनवरी, 2025/26 पौष, 1946

है। निर्धारित तिथि या इससे पूर्व में कोई आपत्ति प्राप्त न होने की सूरत में श्रीमती नरवदा देवी पत्नी शमशेर सिंह, निवासी सारा काईला, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0) के प्रकरण पर नियमानुसार कार्यवाही अमल में लाई जायेगी।

आज दिनांक 30-12-2024 को मेरे हस्ताक्षर व कार्यालय मोहर अदालत द्वारा जारी किया गया।

मोहर।

हस्ताक्षरित/-
सहायक समाहर्ता द्वितीय श्रेणी,
तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0)।

ब अदालत सहायक समाहर्ता द्वितीय श्रेणी, तहसील पांवटा साहिब,
जिला सिरमौर (हि0प्र0)

केस नं0 : /2025

श्रीमती आखरी देवी पुत्री धन्ना राम, निवासी किशनकोट, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0)।

बनाम

आम जनता

प्रार्थना-पत्र जेरे धारा 13 (3) जन्म एवं मृत्यु पंजीकरण अधिनियम, 1969.

प्रार्थिया श्रीमती आखरी देवी पुत्री धन्ना राम, निवासी किशनकोट, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0) का एक आवेदन पत्र द्वारा मुख्य रजिस्ट्रार जन्म एवं मृत्यु/मुख्य चिकित्सा अधिकारी, नाहन के पत्र एचएफडब्ल्यू-एन/एसटी/बीएण्डडी/डिलेय केसिस/2024-5508, दिनांक 12-09-2023 द्वारा अनुलग्न क्रमशः अपना ब्यान हल्फी, दो गवाहन ब्यान हल्फी, आधार कार्ड सहित इस अदालत में प्राप्त हुआ है जिसमें प्रार्थिया ने प्रार्थना की है कि उसकी स्वयं की जन्म तिथि 17-01-1970 है, जिसका अज्ञानतावश प्रार्थिया स्वयं की जन्म तिथि का ईन्द्राज ग्राम पंचायत अजौली के जन्म अभिलेख में दर्ज नहीं करवा सकी है, जिसे प्रार्थिया अब दर्ज करवाना चाहती है।

अतः सर्वसाधारण को इस इशतहार के मार्फत सूचित किया जाता है कि इस बारे किसी को कोई भी उजर/एतराज हो तो वह दिनांक 03-02-2025 को प्रातः 11.00 बजे या इससे पूर्व किसी भी कार्यदिवस में अदालत हजा स्थित पांवटा साहिब में असालतन या वकालतन हाजिर आकर उजर/एतराज दर्ज करा सकता है। निर्धारित तिथि या इससे पूर्व में कोई आपत्ति प्राप्त न होने की सूरत में श्रीमती आखरी देवी पुत्री धन्ना राम, निवासी किशनकोट, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0) के प्रकरण पर नियमानुसार कार्यवाही अमल में लाई जायेगी।

आज दिनांक 03-01-2025 को मेरे हस्ताक्षर व कार्यालय मोहर अदालत द्वारा जारी किया गया।

मोहर।

हस्ताक्षरित/-
सहायक समाहर्ता द्वितीय श्रेणी,
तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0)।

ब अदालत सहायक समाहर्ता द्वितीय श्रेणी, तहसील पांवटा साहिब,
जिला सिरमौर (हि0प्र0)

केस नं0 : /2025

श्री कैलाशी राम पुत्र रतनूराम, निवासी श्यामपुर, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0)।

बनाम

आम जनता

प्रार्थना—पत्र जेरे धारा 13 (3) जन्म एवं मृत्यु पंजीकरण अधिनियम, 1969.

प्रार्थी श्री कैलाशी राम पुत्र रतनूराम, निवासी श्यामपुर, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0) का एक आवेदन पत्र द्वारा मुख्य रजिस्ट्रार जन्म एवं मृत्यु/मुख्य चिकित्सा अधिकारी, नाहन के पत्र एचएफडब्ल्यू—एन/एसटी/बीएण्डडी/डिलेय केसिस/2024—9257, दिनांक 18—12—2024 द्वारा अनुलग्न क्रमशः अपना ब्यान हल्फी, दो गवाहन ब्यान हल्फी, आधार कार्ड सहित इस अदालत में प्राप्त हुआ है जिसमें प्रार्थी ने प्रार्थना की है कि उसकी स्वयं की जन्म तिथि 13—11—1964 है, जिसका अज्ञानतावश प्रार्थी स्वयं की जन्म तिथि का ईन्द्राज ग्राम पंचायत गोरखवाला के जन्म अभिलेख में दर्ज नहीं करवा सका है, जिसे प्रार्थी अब दर्ज करवाना चाहता है।

अतः सर्वसाधारण को इस इशतहार के मार्फत सूचित किया जाता है कि इस बारे किसी को कोई भी उजर/एतराज हो तो वह दिनांक 04—02—2025 को प्रातः 11.00 बजे या इससे पूर्व किसी भी कार्यदिवस में अदालत हजा स्थित पांवटा साहिब में असागतन या वकालतन हाजिर आकर उजर/एतराज दर्ज करा सकता है। निर्धारित तिथि या इससे पूर्व में कोई आपत्ति प्राप्त न होने की सूरत में श्री कैलाशी राम पुत्र रतनूराम, निवासी श्यामपुर, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0) के प्रकरण पर नियमानुसार कार्यवाही अमल में लाई जायेगी।

आज दिनांक 04—01—2025 को मेरे हस्ताक्षर व कार्यालय मोहर अदालत द्वारा जारी किया गया।

मोहर।

हस्ताक्षरित/—
सहायक समाहर्ता द्वितीय श्रेणी,
तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0)।

ब अदालत सहायक समाहर्ता द्वितीय श्रेणी, तहसील पांवटा साहिब,
जिला सिरमौर (हि0प्र0)

केस नं0 : /2025

श्रीमती अन्जु पुत्री नंदलाल, निवासी ज्वालापुर, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0)।

बनाम

आम जनता

प्रार्थना-पत्र जेरे धारा 13 (3) जन्म एवं मृत्यु पंजीकरण अधिनियम, 1969.

प्रार्थिया श्रीमती अन्जु पुत्री नंदलाल, निवासी ज्वालापुर, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0) का एक आवेदन पत्र द्वारा मुख्य रजिस्ट्रार जन्म एवं मृत्यु/मुख्य चिकित्सा अधिकारी, नाहन के पत्र एचएफडब्ल्यू-एन/एसटी/बीएण्डडी/डिलेय केसिस/2024-5681, दिनांक 30-09-2024 द्वारा अनुलग्न क्रमशः अपना ब्यान हल्फी, दो गवाहन ब्यान हल्फी, आधार कार्ड सहित इस अदालत में प्राप्त हुआ है जिसमें प्रार्थिया ने प्रार्थना की है कि उसकी स्वयं की जन्म तिथि 25-05-1984 है, जिसका अज्ञानतावश प्रार्थिया स्वयं की जन्म तिथि का ईन्द्राज ग्राम पंचायत अजौली के जन्म अभिलेख में दर्ज नहीं करवा सकी है, जिसे प्रार्थिया अब दर्ज करवाना चाहती है।

अतः सर्वसाधारण को इस इशतहार के मार्फत सूचित किया जाता है कि इस बारे किसी को कोई भी उजर/एतराज हो तो वह दिनांक 04-02-2025 को प्रातः 11.00 बजे या इससे पूर्व किसी भी कार्यदिवस में अदालत हजा स्थित पांवटा साहिब में असागतन या वकालतन हाजिर आकर उजर/एतराज दर्ज करा सकता है। निर्धारित तिथि या इससे पूर्व में कोई आपत्ति प्राप्त न होने की सूरत में श्रीमती अन्जु पुत्री नंदलाल, निवासी ज्वालापुर, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0) के प्रकरण पर नियमानुसार कार्यवाही अमल में लाई जायेगी।

आज दिनांक 04-01-2025 को मेरे हस्ताक्षर व कार्यालय मोहर अदालत द्वारा जारी किया गया।

मोहर।

हस्ताक्षरित/—
सहायक समाहर्ता द्वितीय श्रेणी,
तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0)।

ब अदालत सहायक समाहर्ता द्वितीय श्रेणी, तहसील पांवटा साहिब,
जिला सिरमौर (हि0प्र0)

केस नं0 : /2025

श्रीमती समेरो देवी पुत्री हरदयाल सिंह, निवासी पुरूवाला, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0)।

बनाम

आम जनता

प्रार्थना-पत्र जेरे धारा 13 (3) जन्म एवं मृत्यु पंजीकरण अधिनियम, 1969.

प्रार्थिया श्रीमती समेरो देवी पुत्री हरदयाल सिंह, निवासी पुरूवाला, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0) का एक आवेदन पत्र द्वारा मुख्य रजिस्ट्रार जन्म एवं मृत्यु/मुख्य चिकित्सा अधिकारी, नाहन के पत्र एचएफडब्ल्यू-एन/एसटी/बीएण्डडी/डिलेय केसिस/2024-9250, दिनांक 18-12-2024 द्वारा अनुलग्न क्रमशः अपना ब्यान हल्फी, दो गवाहन ब्यान हल्फी, आधार कार्ड सहित इस अदालत में प्राप्त हुआ है जिसमें प्रार्थिया ने प्रार्थना की है कि उसकी स्वयं की जन्म तिथि 01-07-1964 है, जिसका अज्ञानतावश प्रार्थिया स्वयं की जन्म तिथि का ईन्द्राज ग्राम पंचायत डोबरी के जन्म अभिलेख में दर्ज नहीं करवा सकी है, जिसे प्रार्थिया अब दर्ज करवाना चाहती है।

अतः सर्वसाधारण को इस इशतहार के मार्फत सूचित किया जाता है कि इस बारे किसी को कोई भी उजर/एतराज हो तो वह दिनांक 04-02-2025 को प्रातः 11.00 बजे या इससे पूर्व किसी भी कार्यदिवस में अदालत हजा स्थित पांवटा साहिब में असालतन या वकालतन हाजिर आकर उजर/एतराज दर्ज करा सकता है। निर्धारित तिथि या इससे पूर्व में कोई आपत्ति प्राप्त न होने की सूरत में श्रीमती समेरो देवी पुत्री हरदयाल सिंह, निवासी पुरुवाला, तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0) के प्रकरण पर नियमानुसार कार्यवाही अमल में लाई जायेगी।

आज दिनांक 04-01-2025 को मेरे हस्ताक्षर व कार्यालय मोहर अदालत द्वारा जारी किया गया।

मोहर।

हस्ताक्षरित/—
सहायक समाहर्ता द्वितीय श्रेणी,
तहसील पांवटा साहिब, जिला सिरमौर (हि0प्र0)।

ब अदालत श्री विनोद कुमार, कार्यकारी दण्डाधिकारी, तहसील नौहराधार,
जिला सिरमौर (हि0 प्र0)

श्री चंदर देव पुत्र स्व0 श्री सूरतराम, निवासी ग्राम भाटन, डा0 भुजौण्ड, तहसील नौहराधार, जिला सिरमौर, हि0प्र0।

बनाम

आम जनता

उपरोक्त प्रार्थी श्री चंदर देव पुत्र स्व0 श्री सूरतराम, निवासी ग्राम भाटन, डा0 भुजौण्ड, तहसील नौहराधार, जिला सिरमौर, हि0प्र0 ने अधीन धारा 13(3) जन्म एवं मृत्यु पंजीकरण अधिनियम, 1969 के अन्तर्गत एक प्रार्थना-पत्र प्रस्तुत करके अनुरोध किया है कि उसकी जन्म तिथि 01-07-1968 है जो ग्राम पंचायत/नगर पालिका भाटन भुजौण्ड के रिकार्ड में दर्ज नहीं करवाया गया है। जिसे प्रार्थी अब दर्ज करवाना चाहता है।

अतः सर्वसाधारण को इस इशतहार द्वारा सूचित किया जाता है कि इस सम्बन्ध में यदि किसी व्यक्ति को उजर या एतराज हो तो वह स्वयं अथवा अपने प्रतिनिधि द्वारा मिति 03-02-2025 से पूर्व इस अदालत में उपस्थित आकर एतराज प्रस्तुत करे, बसूरत दीगर चंदर देव की जन्म तिथि को पंचायत रिकार्ड में दर्ज करने के आदेश सम्बन्धित पंचायत सचिव को जारी कर दिये जावेंगे।

आज दिनांक 03-01-2025 को हमारे हस्ताक्षर तथा मोहर सहित अदालत से जारी हुआ।

मोहर।

हस्ताक्षरित/—
कार्यकारी दण्डाधिकारी,
तहसील नौहराधार, जिला सिरमौर, हि0 प्र0।

लोक निर्माण विभाग

अधिसूचना

शिमला-2, 16 जनवरी, 2025

सं0: पी0डब्ल्यू0डी0-(बी0)-एफ0(5)/2/2025-253650.—यतः हिमाचल प्रदेश के राज्यपाल को यह प्रतीत होता है कि हिमाचल प्रदेश सरकार को सरकारी व्यय पर सार्वजनिक प्रयोजन हेतु नामतः गांव कुलगांव, तहसील चिड़गांव, जिला शिमला, हिमाचल प्रदेश में बडियारा-मंधारा सड़क के निर्माण हेतु भूमि

अर्जित करनी अपेक्षित है, अतएव एतद्वारा यह अधिसूचित किया जाता है कि उक्त परिक्षेत्र में जैसा कि निम्न विवरणी में निर्दिष्ट किया गया है, उपरोक्त प्रयोजन के लिए भूमि का अर्जन अपेक्षित है।

2. यह अधिसूचना ऐसे सभी व्यक्तियों को, जो इससे सम्बन्धित हो सकते हैं, की जानकारी के लिए भूमि अर्जन, पुनर्वास और पुनर्व्यवस्थापन में उचित प्रतिकर और पारदर्शिता अधिकार अधिनियम, 2013 (2013 का 30) की धारा-11 के उपबन्धों के अन्तर्गत जारी की जाती है।

3. पूर्वोक्त धारा द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए राज्यपाल, हिमाचल प्रदेश इस समय इस उपक्रम में कार्यरत सभी अधिकारियों उनके कर्मचारियों और श्रमिकों को इलाके की किसी भी भूमि में प्रवेश करने और सर्वेक्षण करने तथा उप-धारा द्वारा अपेक्षित अथवा अनुमत: अन्य सभी कार्यों को करने के लिए सहर्ष प्राधिकार देते हैं।

4. कोई भी हितबद्ध व्यक्ति जिसे उक्त परिक्षेत्र में कथित भूमि के अर्जन पर कोई आपत्ति हो तो वह इस अधिसूचना के प्रकाशित होने के साठ दिन की अवधि के भीतर लिखित रूप में भू-अर्जन समाहर्ता (शिमला क्षेत्र), लोक निर्माण विभाग, जिला शिमला (हि0 प्र0) के समक्ष अपनी आपत्ति दायर कर सकता है।

5. यह अधिसूचना माननीय उच्च न्यायालय, हिमाचल प्रदेश द्वारा LPA No. 50/2022 in CWP No. 1145/2017-State of HP & Ors vs. Banka Ram में जारी आदेश के संदर्भ में माननीय सर्वोच्च न्यायालय में दर्ज विशेष अनुमति याचिका (SLP) के अंतर्गत अन्तिम आदेशानुसार प्रभावी मानी जाएगी।

विवरणी

जिला	तहसील	गांव	खसरा नं०	रकबा (हेक्टेयर में)
शिमला	चिड़गांव	कुलगांव	2137/1	00-03-54
कुल जोड़			कित्ता-01	00-03-54

आदेश द्वारा,

हस्ताक्षरित /—
सचिव (लोक निर्माण)।

MEDICAL EDUCATION & RESEARCH DEPARTMENT

NOTIFICATION

Shimla-02, the 13th January, 2025

No. 165404 (Year-2023).—The Governor, Himachal Pradesh, upon the recommendations of the Departmental Promotion Committee and the successful completion of 2 years probation period by **Dr. Sakshi Kapila**, is pleased to confirm her services as Assistant Professor in the Department of Ophthalmology at IGMC Shimla, effective from May 30, 2024.

By order,

Sd/-
M. SUDHA DEVI
Secretary (Health).