

DELHI REGISTRATION OF BIRTHS AND DEATHS (AMENDMENT) RULES, 2012 THE DELHI REGISTRATION OF BIRTHS AND DEATHS (AMENDMENT) R

REGISTERED No. D L —33002/99 1591 No. 1591 GOVERNMENT OF INDIA Oathi Gazette EXTRAORDINARY PUBLISHED BY AUTHORITY [TTÄTXT.@.R. æi. 156 fGW, 8, 17, 1936 DELHI, MONDAY, DECEMBER 8, 2014/AGRAHAYANA 17, 19361 [N.C.T.D. No. 156 PART—IV GOVERNMENT OF THE NATIONAL CAPITAL TERRITORY OF PELHI (GF 8 2014 §g 1969 (1969 18) ufi 30 (1) 2 (1) Q, (a) . 1- (1) 2014 I (2) 5(1) it I (3) 10(1) 01 2015 I 2. 5 urn—I. qtb—2 YTB—3 (GFH vfäüq-q), ufäâqa) (lid 1999 «qfäd) 4848 DG12014 (1) DEI-HI GAZETTE: EXTRAORDINARY [PART IV PART IVI DELHI GAZETTE: EXTRAORDINARY DELHI GAZETTE. EXTRAORDINARY EII [PART 111K ! PART DELHI GAZEYCE: EXTRAORDINARY 5 3 10 10 (I) (i) 1999 1 2015 ttfa uafä I 15 15 3@fÄ (ii) Q-a q-rq-â f*-zF4 (N+fifä@-I), 2014 15 23 4 u} (05) QQ-é -a -xu-â f>-h fÄf>fStp VI. VI. qtl, (üüfil) DIRECTORATE OF ECONOMICS AND STATISTICS AND OFFICE OF THE CHIEF REGISTRAR (BIRTHS AND DEATHS) NOTIFICATION Delhi, the 8th December, 2014 No. F. exercise of the powers conferred by sub-section (1) Of section 30 read with clause (f) of sub-section (1) of section 2 of the Registration of Births and Deaths Act, 1969 (18 of 1969), the Lieutenant Governor of the National Capital Territory of Delhi, with the approval of the Central Government, hereby makes the following rules to further amend the Delhi Registration of Births and Deaths Rules, 1999, namely:— 1. Short titles, extent and rules may be called the Delhi Registration of Births and Deaths (Amendment) Rules, 2014. (2) The amendment in Rule 5(1) shall come into force with immediate effect. (3) 'ihe amendment in Rule 10(1) shaii come inio force With effect from 1st day of January, 2015

2. Amendment of Forms No.1, 2 and 3 under rule 5.— For Form No. 1 (Birth Report), Form NO, 2 (Death Report) and Form No. 3 (Still Birth Report) under rule 5 of the Delhi Registration Of Births and Deaths Rules, 1999 (hereinafter referred to as the "Principal Rules") appended to the rules, the following shall be substituted, namely;— "FORM NO.1 BIRTH REPORT Legal informstion This part is to be Added to the Birth Register To be filled by the informant 1. Date Of Birth (Enter the exact day, month and year the child was born e.g 1-1-2000) 2. Sex (Enter "Male", or "Female") (Do not use abbreviation) 3. Name Of the child. if any (If not named, leave blank) 4. Name of the father: (Full name as usually written) No. of Father (if any) S. Name of the Mother (Full name as usually Svritten) UTD NO. ofMoffer iran 6, Address of parents at the time of Birth or the child permanent Address of parents 8. Place of birth : (Tick the appropriate entry 1 , 2 or 3 and give name of the Hospitalnnstitution or the address of the house where the birth took place Ifother place, give below.) 1.H0spitnV Institution Name & Address: 2.110use Address: 3 Others: 9. Informant's name : Address : (After completing all columnS] to 22, informant Witl put date— and signature here:) BIRTH REPORT Statistical information This part is to be detached and sent for statistical processing TO be filled by the informant 10. Town or Village of Residence of thc mother : (Place where the mo usually lives nis can be different from the place Where the delivery ocured. The house address IS not required to be entered a) Name of •rownNillage b) Is it a town or village : (Tick the appropriate entry below) I. Town c) Name of District d) Name of Sute 2. Village 16. 17. 18. 19. 20. 21

22. In the case of multiple births, fill in a separate form for each FORM NO.) child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left. To be filled by the informant. Age of the mother (in completed years) at the time of marriage. (If married more than once, age at first marriage may be entered) Age of the mother (in completed year;) 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 'age(s), if any) Type of attention at delivery : (Tick the appropriate entry below.) Religion of the Family ; (Tick the appropriate entry 1. Hindu 2. Muslim 3. Christian 4. Any Other religion (write name of the religion) Father's level of education : 12. (Enter the completed level of education e.g. if studied up to class VII but passed only class VI, write class VI) Mother's level of education : 13. (Enter the completed level of education e.g. if studied up to class VII but passed only class VI, write class VI) Father's occupation 14. (if no occupation write 'Nil') 15. Mother's occupation • occupation 'Nil') code District: Tahsil Town/Village. Registration Unit • 1. Institutional - Government 2. Institutional - private or Non- Government 3. doctor, Nurse Or Trained midwife 4. Traditional Birth Attendant 5. Relatives or others Method Of Delivery (Tick the appropriate entry below) 1. Natural 2. Caesarean 3. Forceps/Vacuum Birth Weight (in kgs.) (if available): Duration of pregnancy (in weeks): (Columns to be filled given over. Now put signature at left) 9 c Date Registration NO. Registration Unit : Town/Village Remarks (if any) Signature or left thumb mark of the informant To be filled by the Registrar Registration Date To be filled by the Registrar District . Name and Signature Registration Date Registration No Date of Birth set 1. Male 2. Female Hospital/Institution 2. House Other Place of Birth 1. Name and Signature of the Registrar Signature of the Registrar



FORM NO.2 DEATH REPORT Legal information DEATH REPORT Statistical information This part is to be detached and Sent for statistical processing TO be filled by the informant 11. Town or Village of Residence of the deceased : (Place where the deceased actually lived. This can be different from the place where the death occurred. The house address is not required to be entered.) a) Name of Town or Village b) Is it a town or village (Tick the appropriate entry below) FORM This part is to be Added to the Death Register TO be filled by the informant . Date of Death (Enter the exact day, month and year the death took place e.g. -2000) 2. 3 4. 6, 8

9. Name of the Deceased (Full name as usually written) UID No. of deceased if any Sex of deceased (Enter "Male". Of • Female") (DO not use abbreviation) Name of the Mother: UID NO. of Mother if any Name of the Father: UID No. of Father if any Name of husband/wife UID No. of husband, wife if any 1. Town c) Name of District d) Name of State : 2. Village 12. 13



14. Age or the deceased: (if the deceased was over 1 year of age. give age in completed years If the deceased was t*low 1 year of age, give age in months and 'f below month give age in completed number of days. and i below one day, in hours) 7. Address Of the deceased at the time of death permanent Address of the deceased Place Of death : (Tick the appropriate entry), 2 or 3 below and give. the name of the Hospital/Institution or the address of the house where the death took place. If other place, give location) I. Hospitab Institution Name & Address: 2. House Address: 3. Others IO. Informant's name: Address : (After completing all columns J to 21. Informant will put date and signature Religion (Tick the appropriate entry below) 1 -Hindu 2. Musllm 3. Christian 4, Any Other religion (write name Of the religion) Occupation or the deceased : (if no occupation of write 'Nil') Type of medical attention received before death; (Tick the appropriate entry below) 2. 3. 16 17 18. 19 20. 21 Insututional Medical attention Other than institution No medical attention Name TO be filled by the informant Was the cause or death medically certified ?: (Tvck the appropriate entry below) 2+0 Name of Disease or Actual Cauqe or Death : (For all deaths irrespective of whether medically certified or not) rn Case this is A female denth: did the death Occur while pregnant, at the time OT delivery or within 6 weeks After the end or pregnnncy: (Tick the appropriate entry below') 1. Yes If used to habitually smoke. for how many years If used to habitually chew tobacco in in any form for how many years' If used to habitually chew arecanut in any form (including pan rnnsnlay- for how many years ? If used to habitually drink Nlcohol- for how many years (Columns to be filled are over. Now put signature at left) here:) Date Registration NO Registration Unit Town/Village Signature or left thumb mark of the informant To be filled by the Registrar Registration Date District • To be filled by the Registrar Code No. Registration No Date of Death Sex I Male 2. Female Age. year,'monthsfdays'hours Registration Date District. Tahsil: To WTü Village Registration Unit Remarks . (if any) Name and S ture of the Rc istrir Place or Death 1. Hospital;'nstituon 2. House Other Place Name and St aturc of ReguStz

FORM NO.3 STILL BIRTH REPORT Legal information STILL BIRTH REPORT Statistical information
In the case of still birth, fill in a separate form and write 'Still Birth' or 'Triple Still Birth' etc. This part is to be added to the Still Birth Register To be filled by the informant 1. Date of Birth : (Enter the exact day, month and year e.g. -2000) 2. (Enter "Male", or "Female") (DO not use abbreviation) 3. Name of the father: (Full name as usually written) UID NO. of Father if 4. Name of the Mother: (Full name as usually written) UID NO. of Mother if S, Place of birth : (Tick the appropriate entry below and give the name Of the Hospital/Institution or the address of the house Where the birth took place. If other place, give location) 1. Hospital/Institution Name & Address: 2. House Address: 3. Others 6. Informant's name Address (After completing all columns to 12, informant will put date and signature here:) This part is to be detached and sent for statistical processing may be. In the remarks in the below : 7. 8 9. To be filled by the informant Town Or Village Of Residence of the mother : (Place where the mother usually lives . This can be place where the delivery occurred. The house address is not required to be entered.) a) Name of Town/Village b) Is it a town or village : (Tick the appropriate entry below) 1. Town c) Name Of District • d) Name Of State

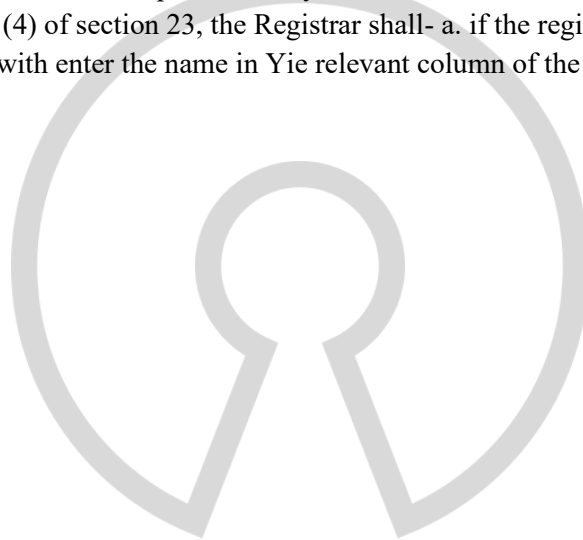


2. Village Age Of mother (in completed years) at the time of this birth • Mother's level of education :

(Enter Lhe completed level of education e.g.if studied upto Class VII but passed only class VI, "Tite class VI) Type Of attention at delivery : (Tick the appropriate entry below) 1. Institutional Government 2.

Intitutional Private or Non- Government 3. Doctor, Nurse or Trained midwife 4. Traditinnøl Birth Attendant S. Relatives or Others 11. Duratiuon of pregnancy ; (in weeks) 12. Causes Of foetal death : (if known) Date Registraticn NO. • Registraticn Unit Town/VilJ.igc Remarks : (if any) Si nature or left thumb mark of the informant TO be filled by the Registrar Registration Date ; Columns to be fined are Over. ut si nature at left Name District: Tahsil: Town/ Village: Registraticn Unit • Code No. District : Name and Si ature of the •strar To be Jilted by the Registrar Registration NO. Registration Date - Date of" Birth Sex : . Male 2. Female Place Of Birth 1. Hospital/Institution 2. House 3 Other Place Name and Si nature ot-the Rc iu rule IO.- the "Principal Rules" iOr sulI IO, b 10. Period for addition of name in the register.- (I) the bir:'1

01 any Child had be ibe parent guanhan such child sluall, within twelve the date registrati intörmation regarding the name of child to the Registrar either orally or in writing 9 tlhsti:uted. namel\ registered without a natne, of the birth of child, give Provided that if the information is given after the aforesaid period Of twelve months but a period of twenty years, which shall be reckoned- (ii) in case where the registration had been made prior to the 1st day of Janua . 2000; further five years period with effect from the 1st day of January, 2015 shall be given. In respect of those cases, where 15 years period from the date of registration has not yet been completed, they shall be allowed to avail the 15 years period, or In case where the registration is made after the date of commencement of the Delhi Registration of Births and Deaths (Amendment) Rules 2014 the period of iS years from the date of such registration, subject to the provisions of sub-section (4) of section 23, the Registrar shall- a. if the register is in Registrar's possession forthwith enter the name in Yie relevant column of the concerned



form in the birth regiSter on payment of a late fee of rupees five, b, if the register is not in Registrar's possession and if the information is give orally, make a report giving necessary particulars, and if the information is given in writing, forward the same to the officer specified by the State Government in this behalf for making the necessary entry on payment a late fee of rupees five." By Order and in the Name of the Lt. Governor of the National Capital Territory of Delhi, Dr. M.M. KUTTY, Pr. secy. (Plg.) the Manager, Government of India Press, Ring Road. MayapurJ. New Deihi-i and Published by the Controller of Publicat.ons, Delhi- 1 10054

