

# **Punjab Registration of Births and Deaths Rules, 2004**

PUNJAB

India

## **Punjab Registration of Births and Deaths Rules, 2004**

### **Rule**

### **PUNJAB-REGISTRATION-OF-BIRTHS-AND-DEATHS-RULES-2004 of 2004**

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Punjab Registration of Births and Deaths Rules, 2004 Government of Punjab Department of Health and Family Welfare, Notification, dated 21st January, 2004 No. G.S.R. 9/C.A. 18/1969/Section 30/2004. - In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (Central Act 18 of 1969) and all other powers enabling him in this behalf, the Governor of Punjab with the approval of the Central Government conveyed by the office of the Registrar General, India, --vide his letter No. 6/4/97-VS(CRS) Vol. III, dated 3/1/2001 is pleased to make the following rules, namely :-

#### **1. Short title and commencement.**

(1) These rules may be called the Punjab Registration of Births and Deaths Rules, 2004. (2) They shall come into force on and with effect from the date of their publication in the Official Gazette.

#### **2. Definitions.**

- In these rules, unless the context otherwise requires, --(a) "Act" means the Registration of Births and Deaths Act, 1969; (b) "Form" means a Form appended to these rules; (c) "section" means a section of the Act; and (d) "State Government" means the Government of the State of Punjab in the Department of Health and Family Welfare.

#### **3. Period of gestation. [Section 2(1)(g) and 30].**

- The Period of gestation for the purpose of clause (g) of sub-section (1) of section 2, shall be twenty eight weeks.

#### **4. Submission of report. [Section 4(4), 19(2) 30].**

- The report under sub- section (4) of section 4, shall be prepared in the form given in the Appendix, appended to these rules and shall be submitted alongwith the statistical report referred to in sub-section (2) of section 19, to the State Government by the Chief Registrar for every year by the 31st July of the year following the year to which the report relates.

#### **5. Forms of giving information of births and deaths. [Sections 8, 9 and 30].**

(1)The information required to be given to the Registrar under section 8 or section 9, as the case may be, shall be in Form Nos. 1, 2 and 3 for the registration of a birth, death and still birth respectively, hereinafter to be collectively called the reporting forms. Information if given orally, shall be entered by the Registrar in the appropriate reporting forms and signatures/thumb impression of the informant be obtained. For Rural area of the State, reporting forms shall be maintained in the forms of "Chowkidara Book" separately for Births in Form No. 1 and 6 and in the case of Deaths in Form No. 2 and 6 and in the case of Still Births in Form No. 3.(2)The part of the reporting forms containing legal information shall be called the 'Legal Part' and the part containing statistical information shall be called the "Statistical Part".(3)The information referred to in sub-rule (1), shall be given within twenty one days from the date of birth, death and still birth.

#### **6. Birth or Death in a vehicle. [Sections 8(1) and 30].**

(1)In respect of a birth or death in a moving vehicle, the person incharge of the vehicle shall give or cause to be given the information required under sub-section (1) of section 8 at the first place of halt.Explanation. - For the purpose of this rule, the term "Vehicle" means conveyance of any kind used on land, air or water and includes an aircraft, a boat, a ship, a railway carriage, a motor car, a motorcycle, a scooter, a cart, a tonga and a richshaw.(2)In the case of deaths, not falling under clauses (a) to (c) of sub-section (1) of section 8, in which an inquest is held, the officer, who conducts the inquest, shall give or cause to be given the information required under sub- section (1) of section 8.

#### **7. Form of certificate. [Sections 10(3) and 30].**

- The certificate as to the cause of death required under sub-section (3) of section 10, shall be issued in Form No. 4 or Form No. 5 and the Registrar shall, after making necessary entries in the register of deaths, forward all such certificates to the Chief Registrar or the officer specified by him in this behalf by the 10th day of the month immediately following the month to which the certificates relate.

#### **8. Extracts of registration of entries. [Sections 12 and 30].**

(1)The extracts of the particulars from the register relating to the births and deaths to be given to an informant under section 12 shall be in Form No. 6 or Form No. 7, as the case may be.(2)In the case

of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of section 8, which are reported direct to the Registrar of Births and Deaths, the head of the house or household as the case may be, or in his absence, the nearest relative of the head, present in the house, may collect the extracts of birth or death from the registrar within thirty days of its reporting.(3)In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of section 8, which are reported by the persons specified by the State Government under sub-section (2) of the said section, the person so specified shall transmit the extracts received from the Registrar of Births and Deaths to the concerned head of the house or household, as the case may be or, in his absence, the nearest relative of the head, present in the house within thirty days of its issue by the registrar.(4)In the case of institutional events of births and deaths referred to in clauses (b) to (e) of sub-section (1) of section 8, the nearest relative to the new born or deceased, may collect the extract from the officer or person incharge of the institution concerned within thirty days of the occurrence of the event of birth or death, as the case maybe.(5)If the extract of birth or death is not collected by the concerned person as referred to in sub-rules (2), (3) and (4) within the period stipulated therein, the Registrar or the officer or person incharge of concerned institution as referred to in sub-rule (4), shall transmit the same to the concerned family by post within fifteen days of the expiry of the aforesaid period.

## **9. Authority for delayed registration and fee payable therefor. [Sections 13(1)(2)(3) and 30].**

(1)Any birth or death of which information is given to the Registrar after the expiry of the period specified in rule 5, but within thirty days of its occurrence, shall be registered on payment of a late fee of rupee two.(2)Any birth or death of which information is given to the Registrar after thirty days, but within one year of its occurrence, shall be registered only with the written permission of the District Registrar and payment of late fees of rupees five on production of an affidavit made before a Notary Public or any other officer authorized in this behalf.(3)Any birth or death which has not been registered within one year of its occurrence, shall be registered only on obtaining by the District Registrar an order of the Sub-Divisional Magistrate or any Magistrate of the First Class nominated by the District Magistrate in this behalf and on payment of a late fee of rupees ten.

## **10. Period of giving information regarding name of the child. [Sections 14 and 30].**

(1)Where the birth of any child had been registered without a name, the parent or guardian of such child shall, within a period of twelve months from the date of registration of the birth of the child, gave information regarding the name of the child to the Registrar, either orally or in writing :Provided that if the information is given after the aforesaid period of twelve months, but within a period of fifteen years, which shall be reckoned, -(i)in case where the registration had been made prior to the date of commencement of the Registration of Births and Deaths (Amendment) Rules, 1984 published, --vide notification No. 1116-6HBV-84, dated the 3rd August, 1984 from the date of commencement of these rules i.e. the 3rd day of August, 1984 and(ii)in case where the registration is made after the date of commencement of the Registration of Births and Deaths (Amendment)

Rules, 1984 published, --vide notification No. 1116-6HBV-84, dated the 3rd August, 1984 from the date of such registration, subject to the provisions of sub-section (4) of section 23.(2)The Registrar shall --(a)if the Register is in his possession, forthwith enter the name in the relevant column of the concerned form in the birth register on payment of a late fee of rupees five; and(b)if the register is not in his possession and if the information is given orally, make a report giving necessary particulars, and, if the information is given in writing, forward the same to the District Registrar or the officer specified by the State Government in this behalf for making the necessary entry on payment of a late fee or rupees five.(3)The parent or the guardian, as the case may be, shall also present to the Registrar, a copy of the extract given to him under section 12 or a certified extract issued to him under section 17 and on such presentation, the Registrar, shall make the necessary endorsement relating to the name of the child or take action as laid down in clause (b) of sub-rule (2).

## **11. Correction or cancellation of entry in the register of births and deaths. [Sections 15 and 30].**

(1)If it is reported to the Registrar that a clerical or formal error has been made in the register or if such error is otherwise noticed by him and if the register is in his possession, the Registrar shall enquire into the matter and if he is satisfied that any such error has been made, he shall correct the error by correcting or cancelling the entry as provided in section 15, and shall send an extract of the entry showing the error and how it has been corrected to the District Registrar and the State Government or the officer specified by it in this behalf.(2)In the case referred to in sub-rule (1), if the register is not in his possession, the Registrar shall make a report to the District Registrar or the officer specified by the State Government in this behalf, and call for the relevant register and after enquiring into the matter, if he is satisfied that any such error has been made, make the necessary correction.(3)Any such correction as mentioned in sub-rule (2), shall be countersigned by the District Registrar or the officer specified by the State Government in this behalf, when the register is received from the Registrar.(4)If any person asserts that any entry in the register of births and deaths is erroneous in substance, the Registrar may correct the entry in accordance with the provisions of section 15 upon production by that person a declaration setting forth the nature of the error and true facts of the case made by two credible persons having knowledge of the facts of the case.Explanation. - For the purpose of this sub-rule, the term 'Credible Person' stands for Panch, Sarpanch, Municipal Commissioner, Member of Legislative Assembly, Member of Parliament and a Gazetted Officer.(5)Notwithstanding anything contained in sub-rule (1) and sub-rule (4), the Registrar shall make report of any correction of the kind referred to therein, giving necessary details to the District Registrar or the officer specified by the State Government in this behalf.(6)If it is proved to the satisfaction of the Registrar that any entry in the register of births and deaths has been fraudulently or improperly made, he shall make a report giving necessary details to the Officer Authorized by the Chief Registrar by a General or special order in this behalf under section 25, and on hearing from him, take necessary action in the matter.(7)In every case in which an entry is corrected or cancelled under this rule, an intimation thereof shall be sent on the residential address of the person, who had given information under section 8 or section 9, as the case may be.

## **12. Form of register. [Sections 16 and 30].**

(1)The register of births, deaths and still births to be kept by the Registrar under section 16, shall be in three parts as set out in form Nos. 8, 9 and 10 respectively and in each part of the register, the event shall be numbered serially and for each calendar year. The information given by the informant in legal part of form Nos. 1, 2 and 3 shall also be kept in the form of a register.(2)A new register shall be opened on the first day of January of each year;(3)An event which occurred in any previous year, shall be recorded in the current year register;Provided that no entry shall be interpolated between two entries recorded earlier.

## **13. Fees and postal charges payable. [Sections 17 and 30].**

(1)The fees payable for a search to be made, an extract or a non-availability certificate of birth and death to be issued under Section 17, shall be as follows :-

(a) Search for a single entry in the first year for which the search is made.	Amount (In Rs.) 2/-
(b) For every additional year for which the search is continued	2/-
(c) For granting extract relating to each birth or death	5/-
(d) For granting Non-Availability certificate of birth or death	2/-

(2)Any such extract in regard to a birth or death shall be issued by the Registrar or the officer authorized by the State Government, in this behalf as the case may be, in Form No. 6 or in Form No. 7 and shall be certified in the manner provided for in section 76 of the Indian Evidence Act, 1872 (Central Act 1 of 1872).(3)If any particular event of birth or death is not found registered, the Registrar shall issue a non-availability certificate in this behalf in Form No. 11.(4)Any such extract or non-availability certificate of birth or death, may be furnished to the person asking for it or sent to him by post on payment of the postal charges specified therefor.

## **14. Interval and forms of periodical returns. [Sections 19(1) and 30].**

(1)Every Registrar shall after completing the process of registration, send all the Statistical parts of the reporting forms relating to each month alongwith the Summary Monthly Report in Form No. 12 for births, Form No. 13 for deaths and Form No. 14 for Still Births to the District Registrar on or before the 5th day of the following month.(2)The District Registrar shall forward all such statistical parts of the reporting forms received by him to the Chief Registrar not later than the 10th days of the months.

## **15. Statistical report. [Sections 19(2) and 30].**

- The statistical report under sub-section (2) of section 19 shall contain the tables in the form given in Appendix, appended to these rules and shall be compiled for each year before the 31st day of July of the following year, and shall be published as soon as possible thereafter, but in any case not later than five months from that date.

## **16. Compounding of offences. [Sections 23, 24 and 30].**

(1) Any offence punishable under section 23 may either before or after the institution of criminal proceedings under this Act, be compounded by an officer authorized by the Chief Registrar by a general or special order in this behalf, if the officer so authorized is satisfied that the offence was committed through inadvertence or oversight or for the first time. (2) Any offence committed under sub-sections (1), (2) and (3) of section 23 may be compounded on payment of a sum, not exceeding rupees fifty and the offences committed under sub-section (4) of Section 23 may be compounded for a sum, not exceeding rupees ten, as the aforesaid officer may think fit.

## **17. Registers and other records. [Section 30(2)(k)].**

(1) The birth register in Form No. 8, Death Register in Form No. 9, Still Birth Register in Form No. 10 and the information in the legal portion of Form Nos. 1, 2 and 3, shall be records of permanent importance and shall not be destroyed. (2) The Court orders and orders of the specified authorities granting permission for delayed registration received under section 13 by the Registrar, shall form an integral part of the birth register, death register and still birth register and shall not be destroyed. (3) The certificate as to the cause of death furnished under sub-section (3) of the section 10, shall be retained for a period of at least five years by the Chief Registrar or the officer specified by him in this behalf. (4) Every birth register, death register and still birth register shall be retained by the Registrar in his office for a period of twelve months i.e. a calendar year and after the end of the calendar year to which it relates, such register and forms shall thereafter be transferred for safe custody to the District Registrar and in respect of municipal areas or cantonment area to such officer, as may be specified by the State Government in this behalf.

## **18. Fees payable. [Section 30].**

- Fees payable under the Act, may be paid in cash or by money order or postal order and shall be deposited in the State Treasury under the appropriate head.

## **19. Repeal and saving.**

- The Punjab Registration of Births and Deaths Rules, 1972, are hereby repealed : Provided that any order made or action taken under the rules so repealed, shall be deemed to have been made or taken under the corresponding provisions of these rules. Appendix [See Rules 4 and 15] Format of the Report on the Working of the Act

### **1. Brief description of the State, its boundaries and revenue districts.**

### **2. Changes in Administrative Areas.**

- 3. Explanation about the differences in Areas.**
- 4. Changes in Registration area-extension.**
- 5. Administration set up of the registration machinery at various levels.**
- 6. General response of the public towards the Act.**
- 7. Notification of births and deaths.**
- 8. Progress in the medical certification of cause of death.**
- 9. Maintenance of Records.**
- 10. Search of births and deaths register for issue of certificate.**
- 11. Delayed registrations.**
- 12. Prosecutions and compounding of offences.**
- 13. Difficulties encountered in implementation of the Act.**  
(i)Administrative(ii)Others.
- 14. Orders and instructions issued under the Act.**
- 15. General remarks.**

Form No. 1(See Rules 5, 12 and 17)Birth ReportLegal Information

| This Part To be added To the Birth RegisterTo be filled by the Information|

**1. Date of Birth :** \_\_\_\_\_

(Enter the exact day, month and year, and child was born e.g. 1-1- 2000)

**2. Sex :** \_\_\_\_\_

(Enter "male" or "female" do not use abbreviations)

**3. Name of the child, if any :** \_\_\_\_\_

(If not named, leave blank)

**4. (a) Name of the father :** \_\_\_\_\_

(Full name as usually written)(b)Name of the Grandfather :

**5. (a) Name and Age of the mother:** \_\_\_\_\_

(Full name as usually written)(b)Complete Residential Address :

**6. (a) Place of birth :**

(Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)

**1. Hospital/Institution Name** \_\_\_\_\_

**2. House Address** \_\_\_\_\_

**6. (b) Order of Birth :** \_\_\_\_\_

(Living children only)

**7. Informant's name :** \_\_\_\_\_

Address : \_\_\_\_\_ (After completing all columns 1 to 20 informant will put date and signature here).

Date : Signature or left thumb mark of the informant

To be filled by the RegistrarRegistration No. \_\_\_\_\_ Registration Date  
\_\_\_\_\_ Registration Unit

\_\_\_\_\_ Town/Village :  
\_\_\_\_\_ District \_\_\_\_\_

Remarks : (if any)Name of  
Signature of the Registrar.Birth ReportStatistical InformationThis part to be detached and sent for  
statistical processingTo be filled by the informant



**8. Town or village or Residence of the mother :**

(Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered)(a)Name of Town/Village :(b)Is it town or village :(Tick the appropriate entry below);

**1. Town 2. Village**

(c)Name of District :(d)Name of State :

**9. Religion of the Family : (Tick the appropriate entry below)**

**1. Hindu 2. Muslim 3. Christian 4. Sikh**

**5. Any other religion (Write name of the religion)**

**10. Father's level of education : \_\_\_\_\_**

(Enter the completed level of education e.g. if studied upto class VII but passed only class VI. Write class VI)

**11. Mother's level of education \_\_\_\_\_**

(Enter the completed level of education e.g. if studied up to class VII but passed only class VI Write class VI)

**12. Father's Occupation : \_\_\_\_\_**

(If no occupation write 'Nil')

**13. Mother's Occupation : \_\_\_\_\_**

(If no occupation write 'Nil')

**14. Age of the mother (in completed years) at the time of marriage : \_\_\_\_\_**

(If married more than once, age at first marriage may be entered)

**15. Age of the mother (in completed years) at the time of this birth : \_\_\_\_\_**

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 filled by the

informant

**16. 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).

**17. 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**

**18. Method of Delivery :**

(Tick the appropriate entry below)

**1. Natural**

**2. Caesaren**

**3. Forceps/Vacuum**

**19. Birth Weight (in kgs.) (if available) :** \_\_\_\_\_

**20. Duration of pregnancy (in weeks) :** \_\_\_\_\_

(Columns to be filled are over. Now put signature at left) :To be filled by the Registrar

Name

Code No. Registration No.:

Registration Date :

District : \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
Tehsil : \_\_\_\_\_ Sex 1. Male 2. Female  
Town/Village : \_\_\_\_\_ Place of Birth : \_\_\_\_\_  
1. Hospital/Institution  
2. House

Registration Unit :

Name and Signature of the Registrar. Note - In the case of illegitimate birth the word "illegitimate" should be entered in the remarks columns and no person's name should be entered as that of the father, unless there is a joint request of the mother and the person acknowledging himself to be father of the child. Form No. 2 (See rules 5, 12 and 17) Death Report Legal Information

| This Part To be added To the Death Register To be filled by the Information |

This part to be added to the Death Register To be filled by the informant

**1. Date of Death : (Enter the exact day, month and year the death took place e.g. 1-1-2000)**

**2. Name of the Deceased : \_\_\_\_\_**

(Full name as usually written)

**3. Sex of the deceased : \_\_\_\_\_**

(Enter "male" or "female", do not use abbreviations)

**4. (a) Age of the deceased : \_\_\_\_\_**

(If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours) (b) Name of the father/husband of the deceased \_\_\_\_\_ (c) Complete

Address of deceased \_\_\_\_\_

**5. Place of Death : \_\_\_\_\_**

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

**1. Hospital/Institution Name :**

**2. House Address :**

**3. Other Place :**

**6. Informant's name :**

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

Date : Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. : Registration Date :

Registration Unit :

Town/Village : District :

Remarks : (if any)

Name and Signature of the Registrar Death Report Statistical Information (This part to be detached and sent for statistical processing) To be filled by the Informant

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

(a) Name of Town/village : \_\_\_\_\_ (b) Is it town or village : (Tick the appropriate entry below)

**1. Town 2. Village**

(c) Name of District : \_\_\_\_\_ (d) Name of State : \_\_\_\_\_

**8. Religion of the Family (Tick the appropriate entry below)**

**1. Hindu 2. Muslim 3. Christian 4. Sikh**

**5. Any other religion : (Write name of the religion)**

**9. Occupation of the deceased : \_\_\_\_\_**

(If no occupation write 'Nil')

**10. Type of medical attention received before death :**

(Tick the appropriate entry below)

**1. Institutional**

**2. Medical attention other than institution**

**3. No medical attention**

To be filled by the informant

**11. Was the cause of death medically certified ? :**

(Tick the appropriate entry below)

**1. Yes 2. No**

**12. Name of Disease or Actual Cause of**

Death : \_\_\_\_\_ (For all deaths irrespective of whether medically certified or not)

**13. 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**

**14. If used to habitually smoke for how many years \_\_\_\_\_**

**15. If used to habitually chew tobacco in any form \_\_\_\_\_ for how many years ?**

**16. If used to habitually chew arecanut in any form for how many years ?**

**17. If used to habitually drink alcohol \_\_\_\_\_ for how many years ?**

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

\_\_\_\_\_ To be filled by the Registrar

(Enter the exact day, month and year the child was born e.g. 1-1-2000

(Enter "male" or "female", do not use abbreviation)

(Full name as usually written)

(Full name as usually written)(b)Complete permanent Residential Address :

(Tick the appropriate entry 1 or 2 below and give the name of the Hospital/Institution or the address of the house where the birth took place)

- Indian Kanoon - <http://indiankanoon.org/doc/122266512/>

## **6. Informant's Name :**

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

Date : Signature of left thumb mark of the informant

To be filled by the Registrar

Registration No. : Registration Date :

Registration Unit :

Town/Village : District :

Remarks : (if any)

Name and Signature of the Registrar Still Birth Report Statistical Information

This part to be detached and sent In the case of multiple birth fill in a separate form for child and for statistical processing write 'Twin birth' 'Triple Birth' etc. as the case maybe

To be filled by the informant :-

## **7. Town or village of Residence of the mother : (Place where mother usually lives. This can be different from the place where the delivery occurred. The house address is required to be entered)**

(a) Name of Town/Village : (b) Is it town or village : (Tick the appropriate entry below)

### **1. Town : 2. Village :**

(c) Name of District : (d) Name of State :

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

## **9. Mother's level of education :**

(Enter the completed level of education e.g. if studied up to class VII but passed only class VI, write class VI)

## **10. Type of attention of 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)

(Columns to be filled are over. Now put signature at left) To be filled by the Registrar

Name	Code No.	Registration No.
		Registration Date :
District		Date of Birth :
Tehsil		Sex 1. Male 2. Female
Town/Village		Place of Death :
Registration :		1. Hospital/Institution
Unit :		2. House

Name and Signature of the Registrar Note :- In the case of illegitimate birth the word "illegitimate" should be entered in the remarks column and no person's name should be entered as that of the father, unless, there is a joint request of the mother and the person acknowledging himself to be father of the child. Form No. 4 (See rule 7) Medical Certificate of Cause of Death (Hospital in-patients, Not to be used for still births) To be sent to Registrar along with Form No. 2 (Death Report) Name of the Hospital \_\_\_\_\_ I hereby certify that the person whose particulars are given below died in the hospital in Ward No. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ A.M./P.M.

NAME OF DECEASED For use of Statistical Office

Sex Age at Death

If 1 year or more, age in years If less than 1 year, age in Months

1. Male 2. Female

CAUSE OF DEATH Immediate interval between onset & death approx. cause

If less than one month, age in days If less than one month, age in hours



State the  
disease,  
Injury  
& complication  
which caused  
death, not the  
mode of  
dying such  
as heart  
failure,  
asthonia,  
etc. Antecedent  
cause Morbid  
conditions, if

any, (a) \_\_\_\_\_ due to (or as a consequence of) (b)  
giving rise to \_\_\_\_\_ due to (or as a consequence of) (c)  
the above \_\_\_\_\_

Cause,  
stating  
underlying  
conditions  
last. II Other  
Significant  
conditions  
contributing  
to the death  
but  
not related to  
the disease or  
conditions  
causing it.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Manner of Death How did the injury occur ?

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

If deceased  
was a female,  
was pregnancy  
the death  
associated 1. Yes 2. No  
with ? If yes,  
was there a  
delivery 1.  
Yes 2. No.

Name and signature of the Medical Attendant certifying the cause of death Date of verification  
\_\_\_\_\_. See Reverse for Instructions (To be  
detached and handed over to the relative of the deceased) Certified that Shri/Smt./Kum.  
\_\_\_\_\_ S/W/D of Shri \_\_\_\_\_ R/O \_\_\_\_\_ was  
admitted to this hospital on \_\_\_\_\_ and expired on  
\_\_\_\_\_. Doctor \_\_\_\_\_ . (Medical

Supdt. Name of Hospital) Medical Certificate of Cause of Death Directions for completing the  
form Name of deceased : To be given in full. Do not use initials. If deceased is an infant, not yet  
named at time of death, write, Son of (S/o) or 'Daughter of (D/o), followed by names of mother and  
father. Age : If the deceased was over 1 year of age, give age in completed years. If the deceased was  
below 1 year of age, give age in months and if below 1 month give 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 Part II, or example, smallpox, lobar pneumonia cardiac moribund are sufficient  
cause of death and usually nothing more is needed. Often, however, a number of morbid conditions  
will have been presented at death, and the doctor must then complete the certificate in the proper  
manner so that the correct underlying cause will be tabulated. Final, enter in Part I (a) the  
immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory  
failure, etc. These terms, should not appear on the certificate at all since they are modes of dying and  
not causes of death. Next consider whether the immediate cause is a complication or delayed result  
of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be  
three stage in the course of events leading to death. If so, line (c) will be completed. The underlying  
cause to be tabulated is always written last in Part I. Morbid conditions or injuries may be present  
which were not directly related to the train of events causing death but which contributed in some  
way to the total 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 questions on pregnancy and delivery. This information is needed for all women of child bearing age, even though the pregnancy may have had nothing to do with the death. Old age Senility : Old age (or senility) should be not given as a cause of death if a more specific cause is known, if old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age. Completeness of information : A complete case history is not wanted, but if the information is available, enough details should be given to enable the underlying cause to be properly classified. Example : Anaemia - Give type of anaemia, if known. Neoplasms - Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, Heart disease - Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent condition, Tetanus - Describe the antecedent injury, if known. Operation - State the condition for which the operation was performed. Dysentery - Specify whether bacillary or amoebic, etc., if known Complications of pregnancy or delivery - Describe the complication specifically. Tuberculosis - give organs affected. Symptomatic statement : Convulsion 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. 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'. Form No. 5 (See rule 7) Medical Certificate of Cause of Death (For non-institutional deaths. Not to be used for still births) To be sent to Registrar along with Form No. 2 (Death Report) I hereby certify that the deceased Shri/Smt./Km. \_\_\_\_\_ son of/wife of/daughter of

\_\_\_\_\_ resident of \_\_\_\_\_ was under my treatment from \_\_\_\_\_ to \_\_\_\_\_ and he/she died on \_\_\_\_\_ at \_\_\_\_\_ A.M./P.M.

NAME OF DECEASED For use of Statistical Office

Sex

Age at Death

Age in completed years If less than 1 year, age in Months

1. Male 2. Female

CAUSE OF

DEATH Immediate Interval between onset & death approx. cause

State the disease, Injury (a) \_\_\_\_\_ due to (or as a consequence of) (b) & complication which \_\_\_\_\_ due to (or as a consequence of) (c) \_\_\_\_\_ mode of dying such as heart failure, asphyxia,

etc. Antecedent  
cause Morbid  
conditions, if any,  
giving rise to the above  
Cause, stating  
underlying conditions  
last. II Other Significant  
conditions contributing  
to the death but  
not related to the disease  
or conditions causing it.

\_\_\_\_\_  
\_\_\_\_\_  
If deceased was a  
female, was pregnancy  
the death associated 1. Yes 2. No  
with ? 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  
\_\_\_\_\_. See Reverse for Instructions (To

be detached and handed over to the relative of the deceased) Certified that Shri/Smt./Kum.

\_\_\_\_\_ S/W/D of Shri \_\_\_\_\_ R/O \_\_\_\_\_ was under my treatment from  
\_\_\_\_\_ to \_\_\_\_\_ and he/she expired on \_\_\_\_\_ at \_\_\_\_\_

A.M./P.M. Doctor \_\_\_\_\_ Signature and address of Medical  
Practitioner/Medical attendant with Registration No. Medical Certificate of Cause of Death Directions  
for completing the form Name of deceased : To be given in full. Do not use initials. If deceased is an  
infant, not yet named at time of death, write, 'Son of (S/o)' or 'Daughter of (D/o)', followed by  
names of mother and father. Age : If the deceased was over 1 year of age, give age in completed years.  
If the deceased was below 1 year of age, give age in months and if below 1 month give age in  
completed number of days, and if below one day, in hours. Cause of Death : This part of the form  
should always be completed by the attending physician personally. The certificate of cause of death is  
divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single  
morbidity 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 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 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 last in Part I. Morbid

conditions or injuries may be present which were not directly related to the brain 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 questions on pregnancy and delivery. This information is needed for all women of child bearing age, even though the pregnancy may have had nothing to do with the death. Old age Senility : Old age (or senility) should be not given as a cause of death if a more specific cause is known, if old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age. Completeness of information : A complete case history is not wanted, but if the information is available, enough details should be given to enable the underlying cause to be properly classified. Example : Anaemia : Give type of anaemia, if known. Neoplasms - indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. Heart disease - Describe the condition specifically if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus - Describe the antecedent injury, if known. Operation - state the condition for which the operation was performed. Dysentery - Specify whether bacillary amoebic, etc., if known. Complications of pregnancy or delivery - Describe the complication specifically. Tuberculosis - give organs affected. Symptomatic statement : Convulsions 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. Form No. 6 (See rules 8 and 13) Birth Certificate (Issued under Section 12/17) This is to certify that the following information has been taken from the original record of birth which is the register for (Local Area) \_\_\_\_\_ of Tehsil \_\_\_\_\_ of District \_\_\_\_\_ of Punjab state. Name \_\_\_\_\_

\_\_\_\_\_ Sex \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 \_\_\_\_\_ Name of Father \_\_\_\_\_  
 \_\_\_\_\_ Name of Mother \_\_\_\_\_  
 \_\_\_\_\_ Name of the Grand Father \_\_\_\_\_  
 \_\_\_\_\_ Complete Residential Address of Father/Mother \_\_\_\_\_  
 \_\_\_\_\_ Registration No. \_\_\_\_\_  
 \_\_\_\_\_ Date of Registration \_\_\_\_\_  
 \_\_\_\_\_ Prepared by : (a) Signature \_\_\_\_\_  
 \_\_\_\_\_ (b) Name \_\_\_\_\_ (c) Designation \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_ Name and Signature \_\_\_\_\_  
 of issuing Authority. (Seal) Form No. 7 (See rules 8 and 13) Death Certificate (Issued under Section

12/17) This is to certify that the following information has been taken from the original record of death which is the register for (Local Area) \_\_\_\_\_ of Tehsil \_\_\_\_\_ of District \_\_\_\_\_ of Punjab State. Name of the deceased \_\_\_\_\_ Sex \_\_\_\_\_ Name of father/husband \_\_\_\_\_ Complete Residential Address \_\_\_\_\_ Date of Death \_\_\_\_\_ Place of Death \_\_\_\_\_ Registration No. \_\_\_\_\_ Date of Registration \_\_\_\_\_ Prepared by : (a) Signature \_\_\_\_\_ Name and Signature (b) Name \_\_\_\_\_ of the issuing Authority (c) Designation \_\_\_\_\_ (Seal) \_\_\_\_\_ No \_\_\_\_\_

Disclosure shall be made of particulars regarding the cause of death as entered in the Register. See proviso to Section 17(1). Form No. 8 (See Rules 12 and 17) Birth Register Name of Registration Centre \_\_\_\_\_ District \_\_\_\_\_ .

**1. Registration No. :**

**2. Date of Registration :**

**3. Date of Birth :**

**4. Sex : (Enter "male" or "female")**

**5. Name of the child, if any :**

(If not named, leave blank)

**6. Name of the father :**

**7. Name of the Grandfather :**

**8. Name and Age of the mother :**

**9. Complete Residential Address**

**10. Place of birth :**

**1. Hospital/Institution Name :**

**2. House Address :**

**11. Order of Birth (Living children only) :**

**12. Birth weight of new born (In kgs.) :**

**13. Informant's name :**

Address :

**14. Signature of the Registrar :**

**15. Remarks :**

Form No. 9(See Rules 12 and 17)Death RegisterName of Registration Centre

\_\_\_\_\_ District \_\_\_\_\_

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**1. Registration No. :**

**2. Date of Registration :**

**3. Date of Death :**

**4. Name of the deceased :**

**5. Sex of the deceased :**

**6. Age of the deceased :**

**7. Name of the Father/Husband of the deceased :**

**8. Complete Address of deceased :**

**9. Place of Death :**

**1. Hospital/Institution Name :**

**2. House Address :**

**3. Other Place :**

**10. Cause of Death**

**11. Informant's Name**

Address :

**12. Signature of the Registrar :**

**13. Remarks :**

Form No. 10(See rules 12 and 17)Still Birth RegisterName of Registration Centre  
\_\_\_\_\_ District \_\_\_\_\_

**1. Registration No. :**

**2. Date of Registration :**

**3. Date of Birth :**

**4. Sex : (Enter "Male" or "Female") :**

**5. Name of the Father :**

**6. Name of the Mother :**

**7. Complete Residential Address :**

**8. Place of Birth :**

**1. Hospital/Institution Name :**

**2. House Address :**

**9. Informant's Name :**

Address :



## 10. Signature of the Registrar :

## 11. Remarks :

Form No. 16(See rule 13)Non-availability Certificate(Issued under Section 17 of the Registration of Births and Deaths Act, 1969)This is to certify that a search has been made on the request of Shri/Smt./Kumari \_\_\_\_\_ son/wife/daughter of \_\_\_\_\_ in the registration records for the year(s) \_\_\_\_\_ relating to (Local area) \_\_\_\_\_ of (Tehsil) \_\_\_\_\_ of (District) of (State) \_\_\_\_\_ and found that the event relating to the birth/death of \_\_\_\_\_ son/daughter of \_\_\_\_\_ was not registered.Date \_\_\_\_\_ Signature of Issuing Authority.(Seal)Form No. 12(See Rule 14)Summary Monthly Report of Births

1. Report for the Month of \_\_\_\_\_ Year \_\_\_\_\_

2. District :

3. Town/Village :

4. Registration Unit :

5. Number of Births Registered :

(a)Within one year of their Occurrence :(b)After one year of their Occurrence :Total \* (a+b) :\*Total should be equal to the number of Birth Report Forms (Form No. 1) attached with this monthly report.Dated :Signature and Name of the Registrar.Submitted to the Chief Registrar/District Registrar.Form No. 13(See Rule 14)Summary Monthly Report of Deaths

1. Report for the Month of \_\_\_\_\_ Year \_\_\_\_\_

2. District :

3. Town/Village :

4. Registration Unit :

5. Details of Deaths Registered during the Month :

Deaths

Infant	Maternal
Deaths	Deaths

Registered within one year of occurrence	Registered after one year of occurrence	[Total] [The number of Statistical Reporting Form (Form No. 2) attached should be equal to the number of deaths registered.]		
1	2	3	4	5

Note :- Infant and Maternal Deaths should also be included in the Deaths.Dated : (Sd.)  
\_\_\_\_\_, Signature and Name of the Registrar.Submitted to the Chief Registrar/District Registrar.Form  
No. 14(See Rule 14)Summary Monthly Report of Still Births

## 1. Report for the Month of \_\_\_\_\_ Year

## 2. District :

## 3. Town/Village :

## 4. Registration Unit :

## 5. Number of Still Births Registered :

Number of Still Births Registered should be equal to the number of Still Birth Report Forms (From  
No. 3) attached with this monthly report.Signature and Name of the RegistrarDated :Submitted to  
the Chief Registrar/District Registrar.Table A-1Population, Registration Units, Monthly Returns  
Due and Received(Rural Areas)

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

State  
Total

Table A-2Population, Registration Units, Monthly Returns Due and Received(Urban Areas)

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

State  
Total

Table B-1 Live Births by Place of Occurrence, Districts (Rural & Urban) and Towns with Population One Lakh and above.

Sl. No.	District	Births by Place of Occurrence	Place of Residence of Moter	Place of Residence outside the State				
		M	F	T	Within the Area	Outside the Area		
1	2	3	4	5	6	7	8	
1	District-1 R							
	U							
	T							
	Towns with population one lakh and above							
	Town -1							
	Town -2							
2	District - 2							

State  
Total RUT

Table B-2 Live Births by Place of Residence, Districts (Rural & Urban) and Towns with Population one Lakh and above.

Sl. No.	District	Births by Place of Residence of Mother	Birth Rate	Place of Occurrence of the Birth
---------	----------	--	------------	----------------------------------

		M	F	T	Within the Area	Outside the Area
1	2	3	4	5	6 7	8
1	District-1 R					
	U					
	T					
	Towns with population one lakh and above					
	Town -1					
	Town -2					
2	District -2					

State  
Total RUT

Table B-3 Time Gap in Registration of Live Births (Rural &amp; Urban)

Sl. No.	District	Rural								
Number of Live Births Registered			Within Prescribed Time Limit	Delayed Registration						
			Within 30 days	After 30 days but within 1 year	After 1 year					
			Male	Female	Male	Female	Male	Female	Male	Female
			1	2	3	4	5	6	7	8

State Total

Urban

Number of Live Births  
Registered

Within Prescribed Time  
Limit

Delayed Registration

Within 30 days

After 30 days but within 1  
year

After 1  
year

Male

Female

Male

Female Male Female Male Female

11 12 13 14 15 16 17 18

Table B-4 Live Births by Sex and Months of Occurrence

Sl.No.	District	Sex	Months							
			January	February	March	April	May	June	July	
1	2	3	4	5	6	7	8	9	10	
			MFT							

State Total MFT

Sl.No.	District	Sex	Months	Total						
			August	September	October	November	December			
1	2	3	11	12	13	14	15	16		
			MFT							

State Total MFT

Table B-5 Live Births by Type of Attention at Delivery (Rural &amp; Urban)

Rural/Urban	Type of Attention at Delivery	Total				
	Institutional	Doctor, Nurse and Trained Midwife	Traditional Birth Attendant	Relatives and Others	Not Stated	
	Government	Private and Non-Government				
1	2	3	4	5	6	7 8

Rural

Urban

(i) Towns with  
population one lakh  
and above

Town - 1

Town - 2

(ii) All other

Urban areas

Urban Total

State Total

Table B-6 Live Births by Method of Delivery and Type of Institution for Institutional Births (Rural &amp; Urban)

Method of Delivery	Type of Institution				
	Government Hospital	Private and Non-Government	Total		
	R	U	T	R	U
1	2	3	4	5	6
Natural	Caesarean	Forceps/Vacuum	Not Stated		
State Total					

Table B-7 Live Births by Age of the Mother and Birth Order (Rural &amp; Urban)

Age of Mother	Birth Order	Total														Not Stated	16
	1	2	3	4	5	6	7	8	9	10	11	12	13 & above				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
All Areas/Rural Areas/Urban Areas																	
Below 15																	
15-19																	
20-24																	
25-29																	
30-34																	
35-39																	
40-44																	
45 & above																	
Age Not Stated																	
Total																	

Table B-8 Live births by Birth Order and Age of the Mother for Towns with Population 1 Lakh and above.

Age of Mother	Birth	Total														Not
	Order	2	3	4	5	6	7	8	9	10	11	12	13 & above	Stated		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
All Areas/Rural Areas/Urban Areas																
Below 15																
15-19																
20-24																

25-29

30-34

35-39

40-44

45 &amp; above

Age Not Stated

Total

Table B-9 Live Births by Age and Level of Education of the Mother (Rural &amp; Urban)

Age of Mother	Level of Education of the Mother	Total	Illiterate	Below Primary	Primary but below Matric	Matric but below Graduate	Graduate & Above	Not Stated
2	3	4	5	6	7	8	9	
All Areas/Rural Areas/Urban Areas								
Below 15								
15-19								
20-24								
25-29								
30-34								
35-39								
40-44								
45 & above								
Age Not Stated								
Total								

Table B-10 Live Births by Level of Education of the Father and Birth Order (Rural &amp; Urban)

Level of Education of Father	Live Birth Order	Total																
Illiterate	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated				
Below Primary	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			16
Primary but below matric																		
All Areas/Rural Areas/Urban Areas																		

Matric but below graduate

Graduate & above

Not Stated

Total

Table B-11 Live Births by Level of Education of the Mother and Birth Order (Rural & Urban)

Level of Education of Mother	Live Birth Order	Total																	
-	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15					16

All Areas/Rural Areas/Urban Areas

Illiterate

Below Primary

Primary but below matric

Matric but below graduate

Graduate & above

Not Stated

Total

Table B-12 Live Births by Age of Mother and Birth Order for each level of Education of the Mother (Rural)

Age of Mother	Birth Order	Total																	
	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15					16

All Educational Level/Illiterate/Below

Primary/Primary but below

Matric/Matric but below

Graduate/Graduate & Above

Below 15

15-19

20-24

25-29

30-34

35-39

40-44

45 & above

Not Stated



Total

All Educational Level also includes the education level not stated. Table B-13 Live Births by Age of Mother and Birth Order for each Level of Education of the Mother (Urban)

Age of Mother	Birth Order														Total
	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

All Educational Level/Illiterate/Below

Primary/Primary but below

Matric/Matric but below

Graduate/Graduate &amp; Above

Below 15

15-19

20-24

25-29

30-34

35-39

40-44

45 &amp; above

Not Stated

Total

All Educational Level also includes the education level not stated. Table B-14 Live Births by Age of the Mother, Birth Order and Religion of the Family (Rural)

Age of Mother	Birth Order														Total
	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

All

religions\*/Hindus/Muslims/Christians/Sikhs/Others\*\*

Below 15

15-19

20-24

25-29

30-34

35-39

40-44

45 &amp; above



Production and other related  
workers, Transport  
Equipment Operators and  
Labourers  
Workers whose Occupation  
are not elsewhere classified  
Non-workers

Total

Table B-17 Live Births by Occupation of the Mother and Birth Order (Rural & Urban)

Occupation of Mother	Birth Order	Total	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

All Areas/Rural Areas/Urban  
Areas

Professional, Technical and  
Related workers  
Administrative Executive and  
Managerial workers  
Clerical and Related workers  
Sales workers  
Service workers  
Farmers, Fishermen,  
Hunters, Loggers etc. and  
Related workers

Production and other related  
workers, Transport  
Equipment Operators and  
Labourers  
Workers whose Occupation  
are not elsewhere classified  
Non-workers

Total

Table B-18 Live Births by Duration of Marriage of the Mother and Birth Order (Rural & Urban)

Duration of Marriage (in years)	Birth Order	Total	1	2	3	4	5	6	7	8	9	10	11	12	13 & above	Not Stated
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

All Areas/Rural  
Areas/Urban Areas

0-4

5-9

10-14  
 20-24  
 25-29  
 30 & above  
 Not stated  
 Total

Table B-19 Live Births by Duration of Marriage &amp; Age of the Mother (Rural &amp; Urban)

Duration of Marriage	Age of Mother  Total	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 & above	Not stated
1	2	3 4	5	6	7	8	9	10	11	

All Areas/Rural  
 Areas/Urban Areas

0-4  
 5-9  
 10-14  
 15-19  
 20-24  
 25-29  
 30 & above  
 Not stated  
 Total

Table B-20 Live Births by Duration of Pregnancy and Birth Weight (Rural &amp; Urban)

Duration of Pregnancy (In weeks)	Birth Weight (In Kgs)																			
Less than 1.500	1.500-2.000			2.000-3.000	3.000-4.000															
R	U			T	R			U	T	R	U	T	R	U	T					
1	2			3	4			5	6	7	8	9	10	11	12	13				

<3232-3637-394041Not  
 Stated

Total

Birth Weight (in Kgs) Total

4.000+ Not stated  
 R U T R U T R U T  
 14 15 16 17 18 19 20 21 22

Table B-21 Live Births by Age of the Mother and Birth Weight (Rural &amp; Urban)

Age of Mother	Birth Weight (In Kgs)											
	1.500-2.000	2.000-3.000	3.000-4.000									
Less than 1.500	U	T	R	U	T	R	U	T	R	U	T	
R	2	3	4	5	6	7	8	9	10	11	12	13
1												
Below												
1515-1920-2425-2930-3435-3940-4445												
& aboveNot stated												
Total												
Birth Weight (in Kgs)	Total											
4.000+	Not stated											
R	U	T	R	U	T	R	U	T				
14	15	16	17	18	19	20	21	22				

Table B-22Live Births by Birth Order and Birth Weight (Rural &amp; Urban)

Birth Order	Birth Weight (In Kgs)											
	1.500-2.000	2.000-3.000	3.000-4.000									
Less than 1.500	U	T	R	U	T	R	U	T	R	U	T	
R	2	3	4	5	6	7	8	9	10	11	12	13
1												
12345678910 & AboveNot												
Stated												
Total												
Birth Weight (in Kgs)	Total											
4.000+	Not stated											
R	U	T	R	U	T	R	U	T				
14	15	16	17	18	19	20	21	22				

Table B-23Live Births by Method of Delivery and Age of the Mother (Rural &amp; Urban)

Method of Delivery	Age of Mother								Total	
	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 & above	Not stated	
-	2	3	4	5	6	7	8	9	10	11
1										
All Areas/Rural										
Areas/Urban Areas										
Natural										

Caesarean

Forceps/Vacuum

Not Stated

Total

Table D-1Deaths by Place of Occurrence, Districts (Rural &amp; Urban) and Towns with Population One Lakh and above.

Sl. No.	District	Deaths by Place of Occurrence	Place of Residence of Deceased	Place of Residence out side the State			
M	F	T	Within the Area	Outside the Area			
1	2	3	4	5	6	7	8
12	District-1RUTTown with Population oneLakh and aboveTown-1Town-2District-2RUT						
	State						
	TotalRUT						

Table D-2Deaths by Place of Residence, Districts (Rural &amp; Urban) and Towns with Population One Lakh and above.

Sl. No.	District	Deaths by Place of Residence	Death Rate	Place of Occurrence of Death			
M	F	T	Within the Area	Outside the Area			
1	2	3	4	5	6	7	8
12	District-1RUTTown with Population one Lakh andaboveTown -1Town -2District-2RUT						
	State						
	TotalRUT						

Table D-3Time Gap in Registration of Deaths (Rural &amp; Urban)

Sl. No.	District	Rural					
	Number of Deaths Registered						
	Within Prescribed Time Limit	Delayed Registration					
	Within 30 days	After 30 days but within 1 year	After 1 year				
	Male	Female	Male	Female	Male	Female	Male

1	2	3	4	5	6	7	8	9	10
State Total									
Urban									
Number of Deaths									
Registered									
Within Prescribed Time Limit		Delayed Registration							
Within 30 days		After 30 days but within 1 year	After 1 year						
Male		Female	Male	Female	Male	Female	Male	Female	
11		12	13	14	15	16	17	18	

Table D-4Deaths by Sex and Month of Occurrence

Sl. No.	District	Sex	Month				
			January	February	March	April	May
1	2	3	4	5	6	7	8
	State Total	MFTMFT					
Sl. No.	District	Sex	Month	Total			
			June	July	August	September	October
			November	December			
1	2	3	9	10	11	12	13
		M					
		F					
		T					
	State total	M					
		F					
		T					

Table D-5Deaths by Type of Attention at Death (Rural &amp; Urban)

Rural/Urban	Type of Attention at Death	Total	- Institutional	Medial Attention other than Institution	No Medical-Attention
1	2	3	4	5	
Rural					
Urban					
(i) Towns with					

Population

1 Lakh &amp; above

Town -1

Town -2

(ii) All other

Urban areas

Urban Total

State Total

Table D-6Deaths by Age, Sex and Religion of the Deceased (Rural &amp; Urban)

Age	Religion of the Deceased	Total												
	Hindus	Muslims	Christians	Others*										
	-		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	
-	1	2	3	4	5	6	7	8	9	10	11	12	13	
All														
-	Areas/Rural Areas/Urban Areas													
Below														
1 year														
1-4														
5-14														
15-24														
25-34														
35-44														
45-54														
55-64														
65-69														
70														
and														
above														
Age														
not														
stated														
-	Total													

Minor religious group may be classified into Others. Table D-7Deaths by Age, Occupation and sex (Rural)

Occupation of Sex Total|- 10-14 15-24 25-34 35-44 45-54 55-64 65-69 70



the Deceased

and  
above

1 2 3 4 5 6 7 8 9 10 11 12

Professional,  
Technical and MFT  
Related workers

Administrative  
Executive and MFT  
Managerial  
workers

Clerical and MFT  
Related workers

Sales workers MFT

Service workers MFT

Farmers,  
Fishermen,  
Hunters, MFT  
Loggers etc. and  
Relatedworkers

Production and  
other related  
workers, MFT  
Transport  
EquipmentOperators  
and Labourers

MFT

Workers whose  
Occupation are  
not elsewhere  
classified

Non-workers      MFT

Total              MFT

Table D-8Deaths by Age, Occupation and sex (Urban)

Occupation of the Deceased	Sex	Total	-	-	10-14	15-24	25-34	35-44	45-54	55-64	65-69	70 and above
-------------------------------	-----	-------	---	---	-------	-------	-------	-------	-------	-------	-------	--------------------

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

Professional,  
Technical and  
Related workers      MFT

Administrative  
Executive and  
Managerial  
workers              MFT

Clerical and  
Related workers      MFT

Sales workers      MFT

Service workers      MFT

MFT

Farmers,  
Fishermen,  
Hunters,  
Loggers etc. and  
Relatedworkers

Production and  
other related  
workers,           MFT  
Transport  
EquipmentOperators  
and Labourers

Workers whose  
Occupation are  
not elsewhere   MFT  
classified

Non-workers   MFT

Total           MFT

Table D-9Deaths by Age, Occupation and sex (All Areas)

Occupation of the Deceased	Sex										Total
-	10-14	15-24	25-34	35-44	45-54	55-64	65-69	70 and above	Age not Stated		
1	2	3	4	5	6	7	8	9	10	11	12
Professional, Technical and Related workers	MFT										
Administrative Executive and Managerial workers	M										
F											

T		
Clerical and Related workers	M	
F		
T		
Sales workers	M	
F		
T		
Service workers	M	
F		
T		
Farmers, Fishermen, Hunters, Loggers etc. and Relatedworkers	M	
F		
T		
Production and other related workers, Transport EquipmentOperators and Labourers	M	
F		
T		
Workers whose Occupation are not elsewhere classified	M	
F		
T		
Non-workers	M	
F		
T		
Total	M	
F		
T		

Table D-10Deaths by Cause of Death, Age and Sex for all Deaths Medically Certified or Not

Sl. No.	Cause of Death	Sex	Age of the Deceased		Total							Age not Stated		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Below 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-69	70 and above				

M  
F  
T

Total M  
F  
T

Table D-11Deaths by cause of Death, Age and Sex for Medically Certified Deaths

Sl. No.	Cause of Death	Sex	Age of the Deceased		Total									
	Below 1 year	1-4	5-14		15-24	25-34	35-44	45-54	55-64	65-69	70 and above	Age not Stated		
1	2	3	4		5	6	7	8	9	10	11	12	13	14 15
		M												
		F												
		T												
	Total	M												
		F												
		T												

Table D-12Infant Deaths by Place of Occurrence, Districts (Rural & Urban) and Towns with Population One Lakh and above.

Sl. No.	District	Deaths by Place of Occurrence	Place of Residence of Mother	Place of Residence out side the State			
M	F	T	Within the Area	Outside the Area			
1	2	3	4	5	6	7	8
	District-1RUT	Town with Population one Lakh and above	Town -1	Town -2			
12	District-2RUT						
	State Total	RUT					

Table D-13Infant Deaths by Place of Residence, Districts (Rural & Urban) and Towns with Population One Lakh and above.

Sl. No.	District	Deaths by Place of Residence of Mother	Infant Mortality Rate	Place of Occurrence
M	F	T	Within the Area	Outside the Area

1	2	3	4	5	6	7	8
	District-1	RUT	Town with Population				
12	one Lakh						
	and above	Town-1	Town-2	District-2	RUT	State	
	Total	RUT					

Table D-14 Infants Deaths by Age and Sex (Rural &amp; Urban)

Sl. No.	Age	Rural	Urban	All Areas						
-	Male	Female	Total	Male	Female	Total	Male	Female	Total	
1	2	3	4	5	6	7	8	9	10	11
1	7 days									
2	7 days-28 days									
3	28 days-1 year									
4	Age not stated									
	Total									

Table D-15 Pregnancy Related Deaths by Age Group of the Deceased and Cause of Death for Medically Certified Deaths (Rural &amp; Urban)

Cause of Death	Age of the Deceased	Total								
-	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 & Above	Not Stated	
1	2	3	4	5	6	7	8	9	10	11
	All Areas/Rural									
	Areas/Urban Areas									

Total

Table D-16 Pregnancy Related Deaths by Age Group of the Deceased and Cause of Death for all Deaths Medically Certified or not (Rural &amp; Urban)

Cause of Death	Age of the Deceased	Total								
-	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 & Above	Not Stated	
1	2	3	4	5	6	7	8	9	10	11
	All Areas/Rural									
	Areas/Urban Areas									

Total

Table D-17 Pregnancy Related Deaths by Age and Level of Education (Rural &amp; Urban)

Age	Level of Education	Total	-	- Illiterate	Below Primary	Primary but below Matric	Matric but below Graduate	Graduate & Above	Not Stated
-----	--------------------	-------	---	--------------	---------------	--------------------------	---------------------------	------------------	------------

1	2	3	4	5	6	7	8
Rural							
Areas/Urban							
Areas/All Areas							
Below 15							
15-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45 & Above							
Not stated							
Total							

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

Occupation of the Deceased	Age of the Deceased	Total	Below 15	15-19	20-24	25-29	30-34	35-39	40-44	45 and above	Not stated
1	2	3	4	5	6	7	8	9	10	11	
All Areas/Rural											
Areas/Urban											
Areas											
Professional, Technical and Related workers											
Administrative Executive and Managerial workers											
Clerical and Related workers											
Sales workers											
Service workers											
Farmers, Fishermen, Hunters, Loggers etc. and Relatedworkers											
Production and other related											

workers,  
Transport  
Equipment Operators  
and Labourers

Workers whose  
Occupation are  
not elsewhere  
classified

Non-workers

Total

Table D-19 Deaths by Selected Cause of Death, Age, Sex and Habit (Rural)

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



and  
 DrinkingAlcohol/Chewing  
 Tobacco, Arecanut  
 and Drinking  
 Alcohol/AllHabit/Habit  
 Not Known.

Table D-20Deaths by Selected Cause of Death, Age, Sex and Habit (Urban)

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

Alcohol/AllHabit/Habit

Not Known.

Table D-21Deaths by Selected Cause of Death, Age, Sex and Habit (All Areas)

Sl. No.	Selected Cause of Death	Sex	Age Group	Total	Below 15	15-24	25-34	35-44	45-54	55-64	65-69	70 and above	Age not stated
1	2	3	4	5	6	7	8	9	10	11	12	13	
			Only Smoking/Only Chewing Tobacco/Only Chewing Arecanut/Only Drinking Alcohol/Smoking and Chewing Tobacco/Smoking and Chewing Arecanut/Smoking and DrinkingAlcohol/Chewing Tobacco and Arecanut/Chewing Tobacco andDrinking Alcohol/Chewing Arecanut and Drinking Alcohol/Smoking,Chewing Tobacco and Arecanut/Smoking, Chewing Tobacco andDrinking alcohol/Smoking, Chewing Arecanut and DrinkingAlcohol/Chewing Tobacco, Arecanut and Drinking Alcohol/AllHabit/Habit Not Known.										

Table S-1Still Births by Place of Occurrence in Districts (Rural &amp; Urban)

Sl. No. District

		Still Births by Place of Occurrence	Place of Residence of Mother With the Area	Place of Residence outside the State Outside the Area		
M	F	T				
1	2	3	4	5	6	7 8

StateTotalRUT

Table S-2Still Births by Place of Residence in Districts (Rural &amp; Urban)

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

State Total

RStateTotalUState

TotalT

Table S-3Still Births by Sex and Age of the Mother (Rural &amp; Urban)

Age of Mother Still Births

-	Rural Areas		Urban Areas		All Areas				
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	2	3	4	5	6	7	8	9	10

Below 15 years

15-19

20-24

25-29

30-34

35-39

40-44

45 &amp; above

Age not stated

Total

Table S-4Still Births by Sex and Duration of Pregnancy (Rural &amp; Urban)

Duration of Pregnancy (in weeks)	Still Births -	Rural Areas -		Urban Areas -		All Areas -				
		Male	Female	Male	Female	Male	Female	Male	Female	Total
1	2	3	4	5	6	7	8	9	10	

32

32-36

37-39

40

41+

Not Stated

Total

Table S-5 Still Births by Sex and Type of Medical Attention Received at Delivery (Rural &amp; Urban)

Rural/Urban	Type of Attention at Delivery	Total				
	Institutional	Doctor, Nurse and Trained Midwife	Traditional Birth Attendant	Relatives and Others	Not Stated	
	-		Government	Private and Non-Government		
1	2	3	4	5	6	7 8
Rural						
Urban						
(i) Towns with population one lakh and above						
Town -1						
Town -2						
(ii) All other						
Urban areas						
Urban Total						
State Total						

Table S-6 Still Births by Cause of Still Births and Age of the Mother (Rural &amp; Urban)

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

Table S-7 Still Births by Duration of Pregnancy and Age of the Mother (Rural &amp; Urban)

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