

# **Jammu and Kashmir Registration of Births and Deaths Rules, 1975**

JAMMU & KASHMIR

India

## **Jammu and Kashmir Registration of Births and Deaths Rules, 1975**

### **Rule**

### **JAMMU-AND-KASHMIR-REGISTRATION-OF-BIRTHS-AND-DEATHS-RULES of 1975**

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Jammu and Kashmir Registration of Births and Deaths Rules, 1975Published vide SRO 549, dated 26.11.1975, Planning and Development DepartmentIn exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (18 of 1969), the State Government of Jammu and Kashmir, with the approval of the Central Government, hereby makes the following rules, namely:-

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

(1)These rules may be called the Jammu and Kashmir Registration of Births and Deaths Rules, 1975.(2)These rules extend to:(a)The area comprised within the jurisdiction of the Police Station of Ramnagar in Udhampur District.(b)The area comprised within the jurisdiction of the Police Station of Kupwara in Baramulla District.(c)The area comprised within the limits of the municipalities of Jammu and Srinagar.(d)The area comprised within the limits of Town Area Committees of Anantnag, Kathua and Leh.(3)These rules shall come into force on 26-11-1975.

### **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; and(c)"Section" means a section of the Act.

### **3. Period of gestation under section 2(i)(g)**

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

### **4. Submission of report under section 4(4)**

-The report under sub-section (4) of section 4 shall be prepared in Form No. 1 and shall be submitted along with the statistical report referred to in sub-section (2) of section 19, to the State Government by the Chief Registrar every year by the 31st July of the year following the year to which the report relates.

### **5. [Form etc. for giving information of births and deaths under sections 8 and 9 [Substituted by SRO 208 dated 4-9-1992.]**

- The information required to be given to the Registrar under section 8 or section 9 as the case may be, shall, if given in writing be in form Nos. 2, 3 and 4 for the registration of a birth, still birth and death respectively, and if given orally shall be given within 21 days.]

### **6. Birth or death in a vehicle under section 8 (i)(f)**

(1)In respect of a birth or death in a moving vehicle, the person In-charge of the vehicle shall give or cause to be given the information under sub-section (i) 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 motor-cycle, a cart, a tonga and a rickshaw.(2)In the case of deaths not falling under clauses (a) to (e) of sub-section (i) of section 8 in which an inquest is held, the officer who conducts the inquest shall give or cause to be given the information under sub-section (i) of section 8.[7. Time and Form for notifying information under section 10 (i)-Every person acquired to notify a birth, still birth or death under section 10(i) shall give information thereof to the Registrar in form Nos. 5, 6 or 7 respectively as the case may be within 21 days.] [Substituted by SRO 208 dated 4-9-1992.]

### **8. Form of certificate under section 10(3)**

-The certificate as to the cause of death required under sub-section (3) of section 10 shall be issued in Form No. 8 and the Registrar shall, after making necessary entries in the register of births and deaths forward all such certificates to the Chief Registrar or the officer specified by him in this behalf by the 10th of the month immediately following the month to which the certificate relate.

### **9. Extracts of registration entries to be given under section 12**

-The extracts of particulars from the register relating to births or deaths to be given to an informant under section 12 shall be in Form No. 9 or Form No. 10 as the case may be.

## **10. Authority for delayed registration and fee payable thereof under section 13**

(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 one. (2) Any birth or death of which information is given to the Registrar after thirty days, but within one year of its occurrence, shall be registered only with the written permission of the officer authorised in this behalf and on payment of a late fee of rupees three and on production of an affidavit made before a notary public or any other officer authorised in this behalf. (3) Any birth or death which has not been registered within one year, of its occurrence, shall be registered only on an order of a Magistrate of the first class and on payment of a late fee of rupees five.

## **11. Period for the purpose of section 14**

(1) Where the birth of any child had been registered without a name, the parent or guardian of such child shall within 12 months from the date of registration of the birth of child, give information regarding the name of the child to the Registrar either orally or in writing. Provided that if any such information is given after the period of 12 months, subject to the provisions of sub-section (4) of section 23, the Registrar shall (a) if the register is in his possession, forthwith enter the name in the register on payment of a late fee of rupees two. (b) if the register is not in his possession and if the information is given orally, make a report giving necessary particulars, and if the information is given in writing, forward the same to the officer specified by the State Government in this behalf for making the necessary entry on payment of a late fee of rupees two. (2) The parent or the guardian as the case may be shall also present to the Registrar the copy of the extract given to him under section 12 or a certified extract issued to him under section 17, and on such presentation the Registrar shall make the necessary endorsement relating to the name of the child or take action as laid down in clause (b) of the proviso to sub-rule (1).

## **12. Correction or cancellation of entry in the register of births and deaths under section 15**

(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 and 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 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 State Government or the Officer specified by it in this behalf and call for 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 State Government or the Officer specified by it in this behalf when the register is received from the Registrar. (4) If any person asserts that any entry in the register of births and deaths is erroneous in substance, the Registrar may correct the entry in the

manner prescribed under section 15 upon production by that person 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.(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 State Government or the Officer specified by it in this behalf.(6)If it is proved to the satisfaction of the Registrar that any entry in the register of births and deaths has been fraudulently or improperly made, he shall make a report giving necessary details to the officer authorised by the Chief Registrar by general or special orders in this behalf under section 25 and on hearing from him take necessary action in the matter.(7)In every case in which an entry is corrected or cancelled under this rule, intimation thereof should be sent to the permanent address of the person who has given information under section 8 or section 9.

### **13. Form of register under section 16**

(1)The register of births, still births and deaths to be kept by the Registrar under section 16 shall be in three parts as set out in Form Nos. 11, 12 and 13 respectively and in each part of the register, the event shall be numbered serially and for each calendar year.(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 register for the year in which it is reported;Provided that no entry shall be interpolated between two entries recorded earlier.

### **14. Fees and postal charges payable under section 17**

(1)The fee payable for a search to be made or an extract to be issued under section 17 shall be follows: -(a)Search for a single entry in the first year for which the search is made. : Rs. 1.00(b)for every additional year for which the search is continued. : Rs. 1.00(c)for granting extract relating to each birth or death. : Rs. 1.00(2)Any such extract in regard to a birth or death shall be issued by the Registrar or the officer authorised by the State Government in this behalf in Form No. 9 or, as the case may be, Form No. 10.(3)Any such extract may be furnished to the person asking for it by post on payment of the postal charges therefor.

### **15. Interval and forms of periodical returns under section 19(i)**

(1)Every Registrar, including the Registrar for a Municipality with a population less than 10,000 shall send to the Chief Registrar or the officer specified by him in this behalf on or before the 5th of each month, a true copy of the entries in register of birth and deaths relating to the month immediately preceding.(2)The officer so specified shall forward all such copies of the entries in the register of births and deaths received by him to the Chief Registrar not later than the 10th of that month.(3)The Registrar for a Municipality with a population more than 10,000 shall send to the Chief Registrar in Form No. 14 a weekly return of births and deaths within 7 days of the expiry of the week to which the information relates, and in Form No. 15 a monthly return to births and deaths by the end of the month following the month to which the information relates.(4)The Registrar for a Cantonment shall send to the Chief Registrar or the Officer specified by the Chief Registrar in this behalf, a weekly return of births and deaths in Form No. 14 within 4 days of the expiry of the week to

which the information relates and a monthly return of births and deaths in Form No. 15 by the end of the month following the month to which the information relates.

## **16. Statistical report under section 19(2)**

-The Statistical report under sub-section (2) of section 19 shall be in Form No. 16 and shall be compiled for each year before the 31st July of the year immediately following and shall be published as soon as may be thereafter but in any case not later than five months from that date.

## **17. Conditions for compounding offences under section 23**

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

## **18. Registers and other records under section 30(2)**

(1) The register of births and deaths shall be a record of permanent importance and shall not be destroyed. (2) All information received by the Registrar under sections 8 & 9 and the certificate as to the cause of death furnished under sub-section (3) of section 10 of the Act shall form an integral part of the register of births and deaths and shall not be destroyed. (3) Every register of births and deaths and the forms relating to the entries therein shall be retained by the Registrar in his possession for a period of twelve months after the end of the calendar year to which it relates and such register and forms shall thereafter be transferred for safe custody to such officer as may be specified by the State Government in this behalf.

## **19.**

All fees payable under the Act may be paid in cash or by money order or postal order. Form No. 1 (See Rule 4) Report on the Working of The Act

### **1. Brief description of 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. Administrative set up of the registration machinery of various levels.**
  - 6. General response of the public towards this 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 Certificates.**
  - 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. 2(See Rule 5)Live Birth Report..... Serial No.Registration  
Unit/Village/Town/Municipality/Cantonment..... Taluk/Tehsil Block/Thana.....  
District.....

- 1. Date of birth**
- 2. Sex Male/Female**
- 3. Name of child**
- 4. \*Place of birth**

## **5. Permanent residential address**

## **6. Father's**

(i)Name(ii)Literacy(iii)Occupation(iv)Nationality(v)Religion

## **7. Mother's**

(i)Name(ii)Literacy(iii)Occupation(iv)Nationality(v)Religion

## **8. Age of mother in completed year at confinement**

## **9. Order of birth**

(Number of live births including the birth registered)

## **10. n at delivery**

## **11. Informant's**

(i)Name(ii)AddressLate fee of Rs..... as per Crossed Postal Order No..... dated of Post Office..... /or Registrar's receipt No..... dated..... attached.(Please strike off if not applicable)Signature or left thumb mark of the informant.Dated.....\* If the delivery took place in hospital or any other institution, write "Hospital" or "Institution" giving its name, otherwise give full postal address of the place of birth.if The Delivery was conducted in a hospital or maternity home, write the name of institution otherwise mention whether it was conducted by a qualified or unqualified midwife and give her nameNote.

**1. In the case of illegitimate birth the word 'illegitimate' should be entered in the remarks col. and no person's name should be entered as the that of the father, unless there is a joint request of the mother and the person acknowledging himself to be father of the child.**

**2. In the case of multiple births make separate entry for each and a reference in the remarks column.**

**3. if the person is a non-worker, insert the word 'Nil' in the column for occupation.**

Form No. 3(See Rule 5)Still Birth Report .....Serial No.Registration  
Unit/Village/Town/Municipality/Cantonment ..... Taluk/Tehsil Block/Thana.....

District.....

**1. Date of birth**

**2. Sex Male/Female**

**3. \*Place of birth.**

**4. Permanent residential address**

**5. Father's**

(i)Name(ii)Literacy(iii)Occupation(iv)Nationality(v)Religion

**6. Mother's**

(i)Name(ii)Literacy(iii)Occupation(iv)Nationality(v)Religion

**7. Age of mother in completed year at confinement**

**8. n at delivery**

**9. Informant's**

(i)Name(ii)AddressLate fee of Rs..... as per Crossed Postal Order No..... dated of Post Office..... for Registrar's receipt No..... dated..... attached.(Please strike off if not applicable)Signature or left thumb mark of the informant.Dated.....\*If the delivery took place in hospital or any other institution, write "Hospital" or "Institution" giving its name, otherwise give full postal address of the place of birth.If The Delivery was conducted in a hospital or maternity home, write the name of institution otherwise mention whether it was conducted by a qualified or unqualified midwife and give her name.Note.

**1. 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 the that of the father, unless there is a joint request of the mother and the person acknowledging himself to be father of the child.**

**2. In the case of multiple births make separate entry for each and a reference in the remarks column.**



**3. If the person is a non-worker, insert the word 'Nil' in the column for occupation.**

Form No. 4(See Rule 5)Death Report..... Serial No.Registration

Unit/Village/Town/Municipality/Cantonment..... Taluk/Tehsil/Block/Thana.....

District.....

**1. Date of birth**

**2. Full name of the deceased**

**3. Name of the Father/ Husband**

**4. Place of death**

**5. Age**

**6. Sex Male/Female**

**7. Marital Status**

**8. Occupation**

**9. Religion**

**10. Nationality**

**11. Initial address**

**12. Cause of death**

**13. Whether medically certified (Yes/No)**

**14. Kind of medical attention received if any**

**15. Informant's**

(i)Name(ii)AddressLate fee of Rs..... as per Crossed Postal Order No..... dated..... of Post Office..... /or Registrar's receipt No..... dated..... attached.(Please strike off if not applicable)Dated.....Signature or left thumb mark of the informant.The Address of he parents, in case of a child, husband/late husband in case of married women/widow and deceased if

independent, are to be given in this column. Note.

**1. If the cause of death is not medically certified ascertain the cause from the list of important causes of death.**

**2. If the deceased was over 1-year of age, give age in completed years. If the deceased was under 1 year of age, give age in completed months and if below 1 month, give age in completed number of days and if below one day in hours.**

**3. If the person is a non-worker, insert the word 'Nil' in the column for occupation.**

Form No. 5(See Rule 7) Notification Form For a Birth Registration

Unit/Town/Village/Municipality/Cantonment..... Taluk/Tehsil/Block/Thana.....

District.....

S. No.	Date of birth.	Sex of the child.	Place of birth (with full address)	Name and local address of parent.
1	2	3	4	5

Dated..... Signature of the person notifying..... Name and Designation..... For the use of Registration

Office (a) Whether registered or not (b) If 'Yes' (i) Annual serial number in the register (ii) Date of registration 'No' (i) Date of issuing of notice (See section 21) (ii) Date of registration (iii) Date of

prosecution Form No. 6(See Rule 7) Notification Form For A Still Birth Registration

Unit/Town/Village/Municipality/Cantonment..... Taluk/Tehsil/Block/Thana..... District.....

S. No.	Date of birth.	Sex of the child.	Place of birth (with full address)	Name and local address of parent.
1	2	3	4	5

Dated..... Signature of the person notifying..... Name and Designation..... For the use of Registration

Office (a) Whether registered or not (b) If 'Yes' (i) Annual serial number in the register (i) Date of issuing of notice (See section 21) (ii) Date of registration (iii) Date of prosecution (ii) Date of registration If

'No' Form No. 7(See Rule 7) Notification Form For A Death..... Serial No. Registration

Unit/Town/Village/Municipality/Cantonment..... Taluk/Tehsil/Block.....

District.....

S. No.	Name and address of the deceases	Sex	Age at death	Date of death	Place of death with full address
1	2	3	4	5	6

Signature of the person notifying \_\_\_\_\_  
 Dated \_\_\_\_\_  
 Name and Designation \_\_\_\_\_  
 For the use of Registration  
 Office (a) Whether registered or not (b) If 'Yes' (i) Annual serial number in the register (ii) Date of issuing  
 of notice (See section 21) (iii) Date of registration (iv) Date of prosecution (v) Date of registration  
 'No' Form No. 8 (See rule 8) Medical Certificate of Cause of Death..... for use by Office  
 Name of deceased Sex Marital status Date of birth Date of death

Resident of	Age			
Area	District	State	Years	Months
				Days Hours Minutes

I hereby certify that I attended deceased from.....to..... and last saw him on.....

\*Cause of Death Approximate interval between onset and death

I

Disease or Condition Directly Leading to Death	(a) _____
(This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death)	due to (or as a consequence of)
Antecedent Cause	(b) _____
Morbid conditions, if any, giving rise to the above cause stating the underlying condition last.	due to (or as a consequence of)
	(c) _____

II

Other Significant Conditions

Contributing to the death, but not related to the disease or condition causing it. \_\_\_\_\_

If Deceased was a Female Duration \_\_\_\_\_ Weeks Was the death associated with pregnancy? (Yes or No) Was there a delivery? (Yes or No) If death was due to external causes (Violence) fill in also the following : Accident, suicide or homicide..... ? Date of injury..... How did injury occur ?..... Signed..... by Designation..... M.B.B.S. RMP etc. Registration No..... Address..... Date..... \* Out of (a), (b) and (c) etc. underlying cause of death may be marked ( ) by the medical practitioner. Form No. 9 (See rule 9) Government of ..... Department of ..... Certificate of Birth Issued under section 12/ Issued under section 17 of the Registration of Births and Deaths Act, 1969. This is to certify that the following information has been taken from the original record of birth which is in the register for..... (local area) of Tehsil ..... of District..... of State..... Name..... Sex..... Date of Birth..... Registration No..... Place of Birth..... Date of Registration ..... Permanent Address of Father/Mother Name of Father/Mother Nationality of Father/Mother Signature of issuing authority Seal Date..... Form No. 10 (See rule 9) Government of ..... Department of ..... Issued under section 12/ Issued under section 17 of the Registration of Births & Deaths Act, 1969 This is to certify that the following information has been taken from the original record of death which is in the register for..... (local areas) of Tehsil ..... of District..... of State..... Name..... Nationality..... Sex..... Permanent

Address.....Date of Death.....Registration No. ....Place of Death.....Date of Registration.....Name of father/mother/husband.....Signature of issuing authoritySealDate.....\*Note. In the case of death, no disclosure shall be made of particulars regarding the case of death as entered in the RegisterSee proviso to sub-section 17(1)Form No. 11(See rule 13)Year.....Register of Births and DeathsDistrict.....

## Part I – Live Births

Taluk/Tehsil/Block/ThanaRegistration Unit Nillage/Town/Municipality/Cantonment

Serial Number	Registration	Birth	Sex	Name of birth	Place of birth	Permanent residential address of parent	Name	Literacy	Occupation	nationality	Religion
1	2	3	4	5	6	7	8	9	10	11	12

\*If the delivery took place in hospital or any other institution, write "Hospital" or "Institution" giving its name, otherwise give full postal address of the place of birth.@If the delivery was conducted in a hospital or maternity home, write the name of institution otherwise mention whether it was conducted by a qualified or unqualified midwife and give her name.Note. (1) In the case of illegitimate birth the word 'illegitimate' should be entered in the remarks col and no person's name should be entered as the that if the father, unless there is joint request of the mother and the person acknowledging himself to be father of the Child.(2)In the case of multiple births make separate entry for each and a reference in the remarks col.(3)If the person is a non-worker, insert the word 'Nil' in the col. for occupation.Form No. 12(See rule 13)Year.....Register of Births and DeathsDistrict.....

## Part II – Still Births

Taluk/Tehsil/Block/ThanaRegistration Unit/Village/Town/Municipality/Cantonment

Date of Birth	Place of Birth	Permanent residential address of parent	Father	Mother	Age of mother in completed years at confinement	Type of delivery @	Informant	Signature or left thumb mark of the informant,	Signature of Registrar
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if  
the information  
is given  
orally

Serial Number	Registration	Birth	Sex	Name	Literacy	Occupation	Nationality	Religion	Name
1	2	3	4	5	6	7	8	9	10

\*If the delivery took place in hospital or any other institution, write "Hospital" or "Institution" giving its name, otherwise give full postal address of the place of birth. @If the delivery was conducted in a hospital or maternity home, write the name of institution otherwise mention whether it was conducted by a qualified or unqualified midwife and give her name. Note. (1) In the case of illegitimate birth the word 'illegitimate' should be entered in the remarks col and no person's name should be entered as the that if the father, unless there is joint request of the mother and the person acknowledging himself to be father of the Child. (2) In the case of multiple births make separate entry for each and a reference in the remarks col. (3) If the person is a non-worker, insert the word 'Nil' in the col. for occupation. Form No. 13 (See rule 13) Year..... Register of Births and Deaths

## Part III – Deaths

### Registration

Unit/Village/Town/Municipality/Cantonment.....Taluk/Tehsil/Block/Thana.....District.....

Date of	Deceases	Informant	Signature or left thumb mark of the informant, if the information be given orally	Signature of the Registrar/Sub-Registrar	Remarks
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Serial Number	Registration	Death	Name	Name of father/husband	Place of death	Age	Sex	Marital status	occupat
1	2	3	4	5	6	7	8	9	10

@The address of the parents, in case of a child, husband/late husband in case of married woman/widow and deceased if independent, are to be given in this column. Note. (1) If the cause of death is not medically certified ascertain the cause from the list of important causes of death. (2) If the deceased was over 1 year of age, give age in completed years. If the deceased was under 1 year of age, give age in completed months and if below 1 month, give age in completed number of days and if below one day in hours. (3) If the person is a non-worker, insert the word 'Nil' in the column for occupation. Form No. 14 (See rule 15) Mid-year population..... Weekly Return of Births and Deaths

in.....town for the week ending.....

Registration Unit	Latest Census population	Live Births	Deaths	Rates	Deaths from												
Total	Covered	Total	Covered	P	M	F	P	M	F	Birth Rate	Death Rate	Cholers	Smallpox	Plague	Fever		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		

Note - Still births are not to be included in the live births of deaths. Form No. 15(See rule 15)Vital Statistics for the month.....year.....in the Municipality/Cantonment of.....

## Part A – Live Births registered by Sex type of attention at delivery and Still births by Sex

Registration Unit	Latest Census Population	Live Births	Type of attention at delivery	Still Births														
Total	Covered	Total	Covered	Person	Male	Female	Institutional	Physician nurse and trained midwife	Untrained midwife	Others								
1	2	3	4	5	6	7	8	9	10	11								

Form No. 15(See rule 15)Vital Statistics for the month.....year.....in the Municipality/Cantonment of.....

## Part B – Live Births by Age of Mother and Birth Order

Age of Mother	Birth Order	Total Live Births																
1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	Over 10	Not known							
1	2	3	4	5	6	7	8	9	10	11	12							
All ages	Below																	
15-19	20-24	25-29	30-34	35-39	40-44	45												
& over	Not known																	
Total Live Births																		

Form No. 15(See rule 15)Vital Statistics for the month.....year.....in the  
Municipality/Cantonment of.....

## Part C – Live Births by Sex, religion, literacy and occupation of parents

Birth Order	Religion	Others	Father	Mother				
Literacy Occupation								
Literacy	Occupation	Graduate and Above	Hr. Secondary, Matriculation or equivalent examination	Middle School	Other literate	Illiterates	Total	
Hindus	Muslims	Christians	Sikhs	Budhists	Jains	Graduates & Above	Hr. secondary, Matriculation or equivalent Examination	
1	2	3	4	5	6	7	8	
MF								
PI Over								
10 Not known								
*(1) Cultivators				(6) Sale workers				
(2) Agriculture Labourers				(7) Service Workers				
(3) Professional, Technical and related workers				(8) Farmer, Fishermen, Hunters, Loggers etc. and related workers				
(4) Administration, Executive and Managerial workers				(9) Production and other related workers, Transport Equipment Operators and Labourers				
(5) Clerical workers				(10) Non-workers				

Form No. 15(See Rule 15)Vital Statistics for the month.....year.....in Municipality/Cantonment of.....

## Part D – Deaths registered by type of certifier, type of attention of Death, religion, martial status and occupation

Registration Units	Latest Census population	Total Deaths	Kind of medical attention	Others	Religion	Marital Status	Occupation*		
Total	Covered	Total	Covered	Total	No. medically certified	others	Institutional	Qualified medical practitioners (Allopathy)	Qualified medical practitioners (other

systems)

1	2	3	4	5	6	7	8	9	10
*(1) Cultivators				(6) Sale workers					
(2) Agriculture Labourers				(7) Service Workers					
(3) Professional, Technical and related workers				(8) Farmer, Fishermen, Hunters, Loggers etc. and related workers					
(4) Administration, Executive and Managerial workers				(9) Production and other related workers, Transport Equipment Operators and Labourers					
(5) Clerical workers									

Form No. 15(See rule 15)Vital Statistics for the month.....year .....in

Municipality/Cantonment of.....

## Part E – Cause of death by age and sex

Code No.	Cause of Death*	Sex	Total	Age Group								
Below 24 hours	1-7 days	7 days-below 1 month	1-3 months	3-6 months	6-9 months	9-months-1 year	1-4 years	5-9 years	10-14 years	15-19 years	20-21 years	25- years
1	2	3	4	5	6	7	8	9	10	11	12	13

(M)

(F)

\* The list of causes of Death would be as prescribed by the Registrar General, India.

Form No. 16(See rule 16)Table 1 (a) - Census Population (to the nearest thousands) of district

Serial No.	District	Total Population	Rural	Urban	Population of town each with population 30,000 and over
March	Female	Male	Female	Male	Female
1	2	3	4	5	6
1	A	19			
		19			
2	B	19			

7 8 9



19  
3 C 19  
19

Total

Form No. 16(See rule 16)Table 1 (b) - Census Population (to the nearest thousand) of districts by religion

Serial District Rural Urban  
No.

Hindus Muslim Christians Others Hindus Muslims Christians Others

1 2 3 4 5 6 7 8 9 10 11

1 A 19

Note.- population of any special religion, cultural and social group selected will also be shown separately.

19

2 B 19

19

3 C 19

19

Form No. 16(See rule 16)Table 1 (c) - Returns not received

S. No. District No. of monthly returns due No. of monthly Returns not received

Rural Urban Rural Urban

1 2 3 4 5 6

1 A

2 B

3 C

4 D

5 E

Form No. 16(See rule 16)Table 2 (a) - Main Vital Statistics by District for the year.....

S. District Mid-year Total Live Total Infant Maternal Still  
No. District estimated Births Deaths Deaths Deaths Births

Male Female Total

1 2 3 4 5 6 7 8 9 10

1 A

2 B

3 C

4 D

5 E

Form No. 16(See rule 16)Table 2 (b) - Vital Rates by District

S. No.	District	Live Birth Rate*	Death Rate*	Infant Death Rate *	6	7	8	9	10	11	12	13	14
1	2	3	4	5									
1	A												
2	B												
3	C												
4	D												
5	E												

\* The rates for four consecutive years (the 'current' year and three preceding years) should be given.

\*The rates for four consecutive years (the 'current' year and three preceding years) should be given. Form No. 16(See rule 16)Table 2 (c) - Key Vital Statics of Individual towns with Population \_\_\_\_\_ and over as of the last Census

S. No.	Town	Mid-year estimated population	Total Lives Births	Total Deaths	Infant Deaths	Maternal Deaths	Still Births	9	10
	Male	Female	Total						
1	2	3	4	5	6	7	8		
1	A								
2	B								
3	C								
4	D								
5	E								

Form No. 16(See rule 16)Table 2 (d) - Vital Rates of Individual Towns

S. No. Town Live Birth Rate \* Death Rate\* Infant Death Rate\*

1	2	3	4	5	6	7	8	9	10	11	12	13	14
---	---	---	---	---	---	---	---	---	----	----	----	----	----

\* The rates for four consecutive years (the 'current' year and three preceding years) should be given. Form No. 16(See rule 16)Table 3 (a) - Live Births by month and according area

Month	Live Births			
Total	Rural	Urban		
1	2	3	4	
January				
February				
March				
April				
June				

July  
August  
September  
October  
November  
December  
Yearly Total

\*The rates for four consecutive years (the 'current' year and three preceding years) should be given. Form No. 16 (See rule 16) Table 3 (b) - Live Births by the type of attention at delivery

Months	Rural	Urban including town with population less than.....	Town with population and over.....							
		Domiciliary	Domiciliary		Domiciliary					
Total Births	Institutional	Physician nurse and trained midwife	Untrained midwife	others	Institutional	Physician nurse and midwife	Untrained midwife	Other	Insti	
1	2	3	4	5	6	7	8	9	10	

January

February

March

April

June

July

August

September

October

November

December

Yearly Total

Note - Some states may find it more convenient to show only yearly totals, and month by month. Form No. 16 (See rule 16) Table 4 - Live Births by Sex and Religion

S. No.	District	Total births	Hindus	Muslims	Christians	Others								
Male	Female	Person	Male	Female	Person	Male	Female	Person	Male	Female	Person			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

A Rural  
Urban  
Total  
B Rural  
Urban  
Total

Form No. 16(See rule 16)Table 5 (a) - Live Births according to their order by religion and father's literacy group for individual towns

Town	Last Census Population	Graduate & above	Hr. Secondary matriculation or equivalent examination	Rest	Total	Graduate & above	Hr. Secondary, Matriculation or equivalent examination	Rest	Total	Graduate & above
1	2	3	4	5	6	7	8	9	10	11
123456789Over10Not stated										

Note-Total figures for "all towns" will also be shownForm No. 16(See rule 16)Table 5 (b) - Live births by age of mother and order of birth for individual towns

Age of mother Total Births Birth Order

1	2	3	4	5	6	7	8	9	10	Over 10	Not stated
Below 15 Years											
15-19	"										
20-24	"										
25-29	"										
30-34	"										
35-39	"										
40-44	"										
45-49	"										
50 and Over	"										

Note - No. of births for which information is not given.....Total figures for all towns will also be shown.Form No. 16(See rule 16)Table 6 - Deaths by Sex and Age

Age	Total Rural Urban										
M	F	P	M	F	P	M	F	P			
1	2	3	4	5	6	7	8	9	10		
Below 1 year	1-45-14	15-24	25-244	5-64	65-74	75	and over				

Form No. 16(See rule 16)Table 7- Deaths by Months

Months	Total Deaths	Rural	Urban
1	2	3	4



## rule 16)Table 10- Infant Deaths in districts by Sex and Religion

S. No. District Total Hindus Muslim Christians Others

M	F	P	M	F	P	M	F	P	M	F	P			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

A

B

C

Note - Any special religious, cultural or social group will also be shown as a sub-group under 'Others'

Form No. 16(See rule 16)Table 11 - Infant Deaths in the State by Sex and Age

Age	Rural Urban Total					
M	F	M	F	M	F	
1	2	3	4	5	6	7

Below 24 hours

1-7 days

7 days to below 1 months

3 months to below 6 months

6 months to below 12 months

Total

Form No. 16(See rule 16)Table 12 (a) - Smallpox, Tetanus Deaths by Age

Sector	Name of disease	Below 1 year	1-4 years	5-9 years	10-14 years				
M	F	M	F	M	F	M	F		
1	2	3	4	5	6	7	8	9	10
Total	Smallpox								
	Tetanus								
(a) Rural	Smallpox								
	Tetanus								
(b) Urban	Smallpox								
	Tetanus								
(b1) Urban excluding towns with populationwith..... and over	Smallpox								
	Tetanus								

Form No. 16(See rule 16)Table 12 (b) - Similar data for certain specified disease by age may be shown for urban areas or only for towns with population.....and over as may be finally decided by the Registrar General, India. Instances of the type of such disease are Tetanus, Diptheria, Whooping Cough, Polio, Pulmonary, Tuberculosis etc.

Form No. 16(See rule 16)Table 13 - Maternal Deaths in the State by age at death

Age at death	Total maternal deaths	Rural	Urban excluding towns with population..... andover	Town with population.....
--------------	-----------------------	-------	--	---------------------------

and over

Below 15  
15-19  
20-24  
25-29  
30-34  
35-39  
40-44  
45-49  
50 and over  
Age not  
stated  
All ages

## **Part I**

(To be retained in Chowkidar's Book) Form No. 2 (See Rule 5) Live Birth Report.....Serial  
No.Registration Unit/Village/Town/Municipality/Cantonment.....Taluk/Tehsil  
Block/Thana.....District.....

### **1. Date of birth**

### **2. Sex Male/Female**

### **3. Name of child**

### **4. \*Place of birth**

### **5. Permanent residential address**

### **6. Father's**

(i)Name(ii)Literacy(iii)Occupation(iv)Nationality(v)Religion

### **7. Mother's**

(i)Name(ii)Literacy(iii)Occupation(iv)Nationality(v)Religion

## 8. Age of mother in completed year at confinement

## 9. Order of birth

(Number of live births including the birth registered)

## 10. n at delivery

## 11. Informant's

(i)Name(ii)AddressLate fee of Rs. \_\_\_\_\_ as per Crossed Postal Order  
No. \_\_\_\_\_ dated of Post Office \_\_\_\_\_ /or Registrar's receipt  
No. \_\_\_\_\_ dated \_\_\_\_\_ attached. (Please strike off if not applicable) Signature or left  
thumb mark of the informant. Dated \_\_\_\_\_ \* If the delivery took place in hospital or any  
other institution, write "Hospital" or "Institution" giving its name, otherwise give full postal address  
of the place of birth. If The Delive was conducted in a hospital or maternity home, write the name of  
institution otherwise mention whether it was conducted by a qualified or unqualified midwife and  
give her name Note.

**1. In the case of illegitimate birth the word 'illegitimate' should be entered in the remarks col. and no person's name should be entered as the that of the father, unless there is a joint request of the mother and the person acknowledging himself to be father of the child.**

**2. In the case of multiple births make separate entry for each and a reference in the remarks column.**

**3. If the person is a non-worker, insert the word 'Nil' in the column for occupation.**

## Part II

(Chowkidar's Book)[To be filled in by Registrar and to be given to the person who has registered (informant) through Chowkidar Form No. 9(See rule 9)Government of.....Department of.....Certificate of Birth Issued under section 12/Issued under section 17 of the Registration of Births and Deaths Act, 1969 This is to certify that the following information has been taken from the original record of birth which is in the register for.....(local area) of Tehsil..... of District of State.....Name.....Sex.....Date of Birth.....Place of Birth.....Registration No. ....Date of Registration.....Permanent Address of Father/MatherName of Father/MotherNationality of Father/MotherSignature of issuing authoritySealDate.....



## Part III

(To be detached in the Registrar's Office and preserved as record) Form No. 2 (See Rule 5) Live Birth Report.....Serial No. Registration Unit/Village/Town/Municipality/Cantonment.....Taluk/Tehsil Block /Thana.....District.....

### 1. Date of birth

### 2. Sex Male/Female

### 3. Name of child

### 4. \*Place of birth

### 5. Permanent residential address

### 6. Father's

(i) Name (ii) Literacy (iii) Occupation (iv) Nationality (v) Religion

### 7. Mother's

(i) Name (ii) Literacy (iii) Occupation (iv) Nationality (v) Religion

### 8. Age of mother in completed year at confinement

### 9. Order of birth

(Number of live births including the birth registered)

### 10. n at delivery

### 11. Informant's

(i) Name (ii) Address Late fee of Rs. as per Crossed Postal Order No. \_\_\_\_\_ dated \_\_\_\_\_ of Post Office \_\_\_\_\_ /or Registrar's receipt No. \_\_\_\_\_ dated \_\_\_\_\_ attached. (Please strike off if not applicable) Signature or left thumb mark of the informant. Dated\* If the delivery took place in hospital or any other institution, write "Hospital" or "Institution" giving its name, otherwise give full postal address of the place of birth. If The Delive was conducted in a hospital or maternity home, write the name of institution otherwise mention whether it was conducted by a qualified or unqualified midwife and give her name. Note.

- 1. In the case of illegitimate birth the word 'illegitimate' should be entered in the remarks col. and no person's name should be entered as the that of the father, unless there is a joint request of the mother and the person acknowledging himself to be father of the child.**
- 2. In the case of multiple births make separate entry for each and a reference in the remarks column.**
- 3. If the person is a non-worker, insert the word 'Nil' in the column for occupation.**

## **Part I**

(To be retained in Chowkidar's Book)[Chowkidar's Book]Form No. 3(See Rule 5)Still Birth  
Report.....Serial No.Registration Unit/Village/Town/Municipality/Cantonment .....  
Taluk/Tehsil Block/Thana.....District.....

### **1. Date of birth**

### **2. Sex Male/Female**

### **3. \*Place of birth**

### **4. Permanent residential address**

### **5. Father's**

(i)Name(ii)Literacy(iii)Occupation(iv)Nationality(v)Religion

### **6. Mother's**

(i)Name(ii)Literacy(iii)Occupation(iv)Nationality(v)Religion

### **7. Age of mother in completed year at confinement**

### **8. In at delivery**

### **9. Informant's**

(i)Name(ii)AddressLate fee of Rs. as per Crossed Postal Order No. \_\_\_\_\_ dated of Post Office

\_\_\_\_\_/or Registrar's receipt No. \_\_\_\_\_ dated \_\_\_\_\_ attached. (Please strike off if not applicable) Signature or left thumb mark of the informant. Dated\* If the delivery took place in hospital or any other institution, write "Hospital" or "Institution" giving its name, otherwise give full postal address of the place of birth. If the delivery was conducted in a hospital or maternity home, write the name of institution otherwise mention whether it was conducted by a qualified or unqualified midwife and give her name. Note.

**1. 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 the father, unless there is a joint request of the mother and the person acknowledging himself to be father of the child.**

**2. In the case of multiple births make separate entry for each and a reference in the remarks column.**

**3. If the person is a non-worker, insert the word 'Nil' in the column for occupation.**

## **Part II**

(To be detached in the Registrar's Office and preserved as record) Form No. 3 (See Rule 5) Still Birth Report ..... Serial No. Registration Unit/Village/Town/Municipality/Cantonment..... Taluk/Tehsil Block/Thana ..... District .....

**1. Date of birth**

**2. Sex Male/Female**

**3. \*Place of birth**

**4. Permanent residential address**

**5. Father's**

(i) Name (ii) Literacy (iii) Occupation (iv) Nationality (v) Religion

**6. Mother's**

(i) Name (ii) Literacy (iii) Occupation (iv) Nationality (v) Religion

## 7. Age of mother in completed year at confinement

## 8. In at delivery

## 9. Informant's

(i)Name(ii)AddressLate fee of Rs. as per Crossed Postal Order No. \_\_\_\_\_ dated of Post Office \_\_\_\_\_ /or Registrar's receipt No. \_\_\_\_\_ dated \_\_\_\_\_ attached.(Please strike off if not applicable)Signature or left thumb mark of the informant.Dated \_\_\_\_\_\* If the delivery took place in hospital or any other institution, write "Hospital" or "Institution" giving its name, otherwise give full postal address of the place of birth.If The Delivery was conducted in a hospital or maternity home, write the name of institution otherwise mention whether it was conducted by a qualified or unqualified midwife and give her name.Note.-

**1. 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 the that of the father, unless there is a joint request of the mother and the person acknowledging himself to be father of the child.**

**2. In the case of multiple births make separate entry for each and a reference in the remarks column.**

**3. If the person is a non-worker, insert the word 'Nil' in the column for occupation.**

Notifications, Circulars, Orders, Etc.Form for requirement of certificate as to the cause of deathSRO 279, dated 1st September, 2006In exercise of the powers conferred under sub-section (2) of section 10 of the Registration of Births and Deaths Act, 1969 (Act 18 of 1969) the Government of Jammu and Kashmir hereby requires that a certificate as to the cause of death shall be obtained by the Registrar, in the "Form" annexed to this notification, from the following institutions :-(i)All hospitals of rural and urban areas of Jammu and Kashmir State owned or managed by the Government/Local Bodies/Autonomous Bodies (including the specialized hospitals).(ii)All hospitals/nursing homes of rural and urban areas of Jammu and Kashmir State owned or managed by private organizations and societies established under law.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 Hospital.....I hereby certify 'that the person whose particulars are given below died in the hospital inWard No on.....at.....AM/PM

Name of Deceased

SEX

For use of  
Statistical Office

Age of 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				
Male2Female				
Cause of Death	Interval between onset and death approx			
I	(a) .....			
Immediate due to (or as a consequences cause of ) State the disease, injury or complication which cause death, not the mode of dying such as heart failure asthenia, etc.				
Antecedent cause	(b) .....			
Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last	Due to (or as a consequences of)			
	(c) .....			
II Other significant conditions contributing to the death but not related to the disease ..... or conditions causing it.				
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 Attendant certifying the cause of death Date of  
verification.....(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)