**FORM I**

**As per Clause 3 of Medical Termination of Pregnancy Regulations, 2003**.

I,

(Name and qualifications of the Registered Medical Practitioner in Block Letters)

(Full Address of the Registered Medical Practirioner)

I,

(Name and qualifications of the Registered Medical Practitioner in Block Letters)

(Full Address of the Registered Medical Practirioner)

hereby certify that\* I/We am/ are of opinion, formed in good faith, that it is necessary to terminate

the Pregnancy of

(Full Name of pregnant women in block letters)

resident of

(Full address of pregnant women in block letters)

for the reasons given below \*\*

\*I/We hereby give intimation that \*I/We terminated the pregnancy of the women referred to

above who bears the Serial Number in the Admissin Register of the

hospital / approved place. The Pregnancy was terminated at and this report is

(here mention time)

certified within 3 hours of such termination.

Place :

Date : Signature(s) of the Registered Medical Practitioner(s)

\*Strike out whichever is not applicable

\*\* of the reasons specified items (i) to (v) write the one which is appropriate :-

1. in order to save the life of the pregnant women
2. in order to prevent grave injury to the physical and mental health of the pregnant women.
3. in view of the substantial risk that if the child was born, it would suffer from such physical or

mental abnormalities as to be seriously handicapped.

1. as the pregnancy is alleged by pregnant women to have been caused by rape
2. as the pregnancy has occurred as as result of failure of any contraceptive device or methods used

by married women or her husband for the purpose of limiting the number of children.

***Note :*** Account may be taken of the pregnant women’s actual or reasonably foreseeable environment in

determining whether the continuance of her pregnancy would involve a grave injury to her

physical or mental health.

Place :

Date : Signature(s) of the Registered Medical Practitioner(s)

**FORM C**

**As per Section 3(4) of Medical Termination of Pregnancy Act, 1971**

**& Rule 9 of Medical Termination of Pregnancy Rules, 2003.**

I,

daughter / wife of aged about years

of at present residing

(Here state the permanent address)

at

do hereby give my consent to termination of my pregnancy at

(State the name of place where the pregnancy is to be terminated)

Place :

Date : Signature

**(To be filled in by guardian where the women is a mentally ill person or minor)**

I

Son / daughter / wife of aged

about years of

(permanent address)

at present residing at

do hereby give my consent to the termination of the pregnancy of my ward

Who is a minor/ lunatic at

(place of termination of pregnancy)

Place:

Date : Signature

**FORM C**

**As per Section 3(4) of Medical Termination of Pregnancy Act, 1971**

**& Rule 9 of Medical Termination of Pregnancy Rules, 2003**

**I,**

Daughter / wife of aged about years

Of at present residing

(Here state the permanent address)

at

do hereby give my consent to termination of my pregnancy at

(State the name of place where the pregnancy is to be terminated)

Place :

Date : Signature

**(To be Filled in by guardian where the women is a mentally ill person or minor)**

I

Son / daughater / wife of aged

about years of

(permanent address)

at present residing at

do hereby give my consent to the termination of the pregnancy of my ward

Who is a minor / lunatic at

(Place of termination of pregnancy)

Place :

Date : Signature