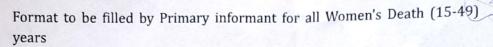
## ANNEXURE 1 MDSR Formats

## Form 1 Notification form



| S. No. | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \               | Place of Current<br>Residence | Native Place |  |  |
|--------|---|-------------------------------|--------------|--|--|
| 1      | Name of State                                       |                               |              |  |  |
| 2      | Name of District                                    | Bayeshwar                     |              |  |  |
| 3      | Name of Block                                       | Garne                         |              |  |  |
| 4      | Name of village/<br>Description of location         | Bayeshwal<br>Garur<br>Jakherg |              |  |  |
| 5      | Name of the deceased woman                          | Prieti Devi                   |              |  |  |
| 6      | Name of Husband                                     | Anand Ram                     |              |  |  |
| 7      | Name of Father                                      | Harish Rom                    |              |  |  |
| 8      | Age of the woman                                    | 18                            |              |  |  |
| 9      | MCTS ID   | 105002430976                  |              |  |  |
| 10     | Mobile No   | 9456521423                    |              |  |  |
| 11     | Date and time of death                              | Date 20 10 12021 DD/ MM/ YYYY |              |  |  |
|        |   | Time 03 : 15 am/pm            |              |  |  |
| 12     | Place of death                                      | Yes                           | No (tick)    |  |  |
|        | I. Home   |                               |              |  |  |
|        | II. Health Facility                                 |                               |              |  |  |
|        | III. Transit  | ~                             |              |  |  |
|        | IV. Others  |                               |              |  |  |
| 13     | When did death occur                                | Yes                           | No (tick)    |  |  |
|        | a. During pregnancy                                 |                               |              |  |  |
|        | b. During delivery                                  |                               |              |  |  |
|        | c. Within 42 days after delivery                    | 1                             |              |  |  |
|        | d. During abortion or within 6 weeks after abortion |                               |              |  |  |

| The second   | )   |  |  | - |  |
|--|---|--|--|---|--|
| Total Control of the last of t | If either a, b, c, d, =yes in Q 13: Suspected maternal death  If all- a, b, c, d, =no in Q13; Non- maternal death |  |  |   |  |
|  |   |  |  |   |  |

Signature of reporting person:

Designation: A . N . M

Date:

Verification by ANM of the respective Sub-center that death of women occurred during pregnancy or within 42 days of delivery/abortion:

Name of the sub center: Jakherg

Signature: Harva

Name: Hema Goshwani

Date: 21/10/2021