

ANNEXURE 1

MDSR Formats

Form 1

Notification form

Format to be filled by Primary informant for all Women's Death (15-49) years

S. No.		Place of Current Residence	Native Place
1	Name of State		
2	Name of District	Bageshwar	
3	Name of Block	Chaur	
4	Name of village/ Description of location	Jakhara	
5	Name of the deceased woman	Preeti Devi	
6	Name of Husband	Anand Ram	
7	Name of Father	Harish Ram	
8	Age of the woman	18	
9	MCTS ID	105002430976	
10	Mobile No	9456521423	
11	Date and time of death	Date 20/10/2021 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	✓	
	d. During abortion or within 6 weeks after abortion		

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*

Name of reporting Person: Hema Goswami C9410174622

Designation: A.N.M

Signature of reporting person:

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: Jakhra

Signature: Hema

Name: Hema Goswami

Date: 21/10/2021