

# 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	UTTARAKHAND	
2	Name of District	Pithoragarh.	
3	Name of Block	Congalhat	
4	Name of village/ Description of location	Damdey	
5	Name of the deceased woman	Kanchana Devi.	
6	Name of Husband	Jitendra Kumar.	
7	Name of Father	—	
8	Age of the woman	23/F	
9	MCTS ID	105002211287	
10	Mobile No	8938826540	
11	Date and time of death	Date 21/05/2021 DD/MM/YYYY Time : 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		

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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: Suman Devi.

Designation: -ASHA.

Signature of reporting person:

Date: 22/05/2021

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: Bhuligaon

Signature: [Signature]

Name: Salini Anya.

Date: 22/05/2021

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