

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	Bin	
4	Name of village/ Description of location	Bishar	
5	Name of the deceased woman	Pooja Devi	
6	Name of Husband	Manoj Kumar	
7	Name of Father	25	
8	Age of the woman	25	
9	MCTS ID	105002259363	
10	Mobile No	8449668477	
11	Date and time of death	Date18-6-21.....DD/ MM/ YYYY Time 7 : 45 am/pm	
12	Place of death	Yes	No (tick)
	I. Home	<input checked="" type="checkbox"/>	
	II. Health Facility		
	III. Transit		
	IV. Others		
13	When did death occur	Yes	No (tick)
	a. During pregnancy		
	b. During delivery	<input checked="" type="checkbox"/>	
	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: Mohani Badwal

Designation: A. N. M

Signature of reporting person:

Date: 19-6-2021

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: Bishan.

Signature: [Signature]

Name: Mohani Badwal

Date: 19-6-2021