

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	Odisha	
2	Name of District	Bhubaneswar	
3	Name of Block	Talcher	
4	Name of village/ Description of location	Kimana	
5	Name of the deceased woman	Jyoti	
6	Name of Husband	Rajesh	
7	Name of Father		
8	Age of the woman	23	
9	MCTS ID		
10	Mobile No	7906161568	
11	Date and time of death	Date 21/4/22 DD/ MM/ YYYY Time 10:05 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: D. Namayoti Bone

Designation: Reg. ORG.

Signature of reporting person: [Signature]
D.O.B. Obst. Gyna.
V.S.G. Govt. Medical School
and Research Institute
Srinagar Garhwal

Date: 22/4/22

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:

Signature: _____

Name: _____

Date: _____