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GOVERNMENT OF MEGHALAYA HEALTH & FAMILY WELFARE DEPARTMENT *****

ORDERS BY THE GOVERNOR NOTIFICATION

Dated Shillong, the 26th February, 2025.

No.Health.251/2017/116: In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (Act No.18 of 1969), the Government of Meghalaya with the approval of the Central Government, hereby frames the Registration of Births and Deaths (Amendment) Rules, 2025 to amend the Meghalaya Registration of Births and Deaths Rules, 1999 namely:—

- 1. (1) These rules may be called the Meghalaya Registration of Births and Deaths (Amendment) Rules, 2025.
 - (2) They shall come into force at once.
- 2. In the Meghalaya Registration of Births and Deaths Rules, 1999 (hereinafter referred to as the principal rules), in rule 5, after sub-rule (4), the following new sub-rules shall be inserted, namely:—
 - "(5) Name, wherever it occurs, in Forms referred to in these Rules shall be provided in the format of (first name) (middle name) (last name) and the name shall not contain any abbreviations.
 - (6) Date, wherever it occurs, in Forms referred to in these Rules shall be provided in the format of dd-mm-yyyy, where dd is the date in two digits, mm is the month in two digits and yyyy is the year in four digits.
 - (7) The address, wherever it occurs, in Forms referred to in these Rules shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code."
- 3. The existing rule 7 of the principal rules, shall be substituted as follows "7. Form of Medical Certificate under sub-sections (2) and (3) of Section 10.- The Medical Certificate as to the cause of death, including the history illness, if any, required under sub-sections (2) and (3) of Section 10 shall be issued in Form No.4 and 4A respectively after making necessary entries in the register of births and deaths, be forwarded to the Chief Registrar or the officer specified by him in this behalf by the 10th of the month immediately following the month to which the certificates relate."

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- 4. The existing rule 8 of the principal rules, shall be substituted as follows "8. Certificate of registration of births and deaths to be given under Section 12.—(1) The Certificate of birth and death extracted from the register relating to births and deaths shall be given to an informant electronically or otherwise under Section 12 in respective form appended to Schedule IV.
 - (2) In the case of domiciliary events of births and deaths, as the case may be, referred to in clause (a), (aa), (ab) and (ac) of sub-section-(1) of Section 8 which are reported direct to the Registrar of Births and Deaths, the head of the house or household, as the case may be, or, in his absence, the nearest relative of the head present in the house, or, in his absence the oldest adult person present, the adoptive parents, the parent, and the biological parent, as the case may be, may obtain electronically or otherwise the certificate of birth and death from the Registrar within thirty days of its reporting.
 - (3) In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of Section 8 which are reported by persons specified by the State Government under sub-section(2) or the said Section, the person so specified shall transmit electronically or otherwise the certificate received from the Registrar of Births and Deaths to the concerned head of the house or household, as the case may be, or, in his absence, the nearest relative of the head present in the house or, in his absence, the oldest adult person present within thirty days of its issue by the Registrar.
 - (4) In case of institutional events of births and deaths, as the case may be, referred to in clauses (b) to (e) and (da), (db) and (dc) of sub-section (1) of Section 8, the nearest relative of the newborn or deceased may obtain electronically or otherwise the certificate from the officer or person incharge of the institution concerned within thirty days of the occurrence of the event of births or deaths.
 - (5) If the certificate of birth or death is not collected by the concerned person as referred to in sub-rules (2) to (4) within the period stipulated therein, the Registrar or the officer, or person in-charge of the concerned institution as referred to in sub-rule (4) shall transmit the same to the concerned family by post within fifteen days of the expiry of the aforesaid period."

- 5. In rule 9 of the principal rules,
 - (a) in sub-rule (1), for the words "rupee two", the words "twenty rupees" shall be substituted.
 - (b) for sub-rules (2) and (3), the following sub-rules shall be substituted, namely:—
 - "(2) Any birth or death of which delayed information is given to the Registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of the District Registrar or the officer prescribed in this behalf and on payment of a late fee of fifty rupees and on production of self-attested document, electronically or otherwise, in Form No.14.
 - (3) Any birth or death of which delayed information is given to the Registrar after one year of its occurrence, shall be registered only on an Order made by a District Magistrate or Sub-Divisional Magistrate or by an Executive Magistrate authorized by the District Magistrate, having jurisdiction over the area where the birth or death has taken place and on payment of a late fee of one hundred rupees."
- **6.** In rule 12 of the principal rules, after the word "Form", the figures and letters "No.1 & 1A, 2 and 3" shall be inserted.
- 7. In rule 13 of the principal rules, –
- (a) For the existing sub-rule (1), the following new sub-rule shall be substituted-
 - "(1) The fees payable for a search to be made, a certificate of birth and death or a non-availability certificate to be issued under Section 17, electronically or otherwise shall be as follows:-
 - (a) Search for a single entry in the first year for which the search Rupees 20.00 is made -
 - (b) For every additional year for which the search is continued. Rupees 20.00
 - (c) For granting certificate relating to each birth or death. Rupees 50.00
 - (d) For granting Non-Availability Certificate of Birth or Death. Rupees 20.00
 - (e) For granting additional copy of extract of Birth or 'Death. Rupees 20.00 (each)"

- (b) in sub-rule (2), for the words "extract in regard to a birth or death shall be issued", the words and figures "certificate on the basis of extract from the register relating to birth or death shall be issued under section 17," shall be substituted.
- (c) in sub-rule (4), for the word "extracts", the word "certificate" shall be substituted.
- **8.** In rule 16 of the principal rules, for sub-rule (2), the following sub-rule shall be substituted, namely:
 - "(2) Any such offence may be compounded on payment of such sum, not exceeding two hundred and fifty rupees for offences under subsections (1), (2) and (4), fifty rupees for offences under sub-section (3), and one thousand rupees in respect of each birth or death for offences under sub-sections (1A) and (4A) of section 23, as the said officer may think fit.".
- **9.** After rule 16 of the principal rules, the following rule shall be inserted, namely:—
 - "16A. Appeal. An appeal under sub-section (1) of section 25A shall be preferred in Form No.15."
- **10.** In rule 17 of the principal rules,
 - (a) for the existing sub-rule (2), the following shall be substituted-
 - "(2) The permission granted under sub-section (2) of section 13 and the orders issued under sub-section (3) of section 13 for delayed registration received by the Registrar, shall form an integral part of the birth register, death register and still birth register and shall not be destroyed."
 - (b) in sub-rule (3), for the words, brackets and figure "sub-section (3)", the words, brackets and figures "sub-sections (2) and (3)" shall be substituted.
- 11. In the principal rules, for the existing Forms 1, 1A, 2, 3, 4, 4A, 5, 6, 7, 8, 9, 10, 11, 12 and 13, the following Forms shall be substituted, namely:—

" FORM NO.1 (See rule 5)

BIRTH REPORT Legal information

[SEE REVERSE FOR INSTRUCTIONS]

FORM NO.1 (See rule 5)

BIRTH REPORT Statistical information

[SEE REVERSE FOR INSTRUCTIONS]

Name and Signature of the Regis

This part to be detached and sent for statistical processing This part to be added to the Birth Register To be filled by the informant To be filled by the informant Town or Village of Residence of the mother (Place Date of Birth: DD - MM - YYYY where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its 1. 2. Sex (Enter "Male" or "Female" or "Transgender person"): Child's Details (If not named, leave blank) :name): Sub-district: Last Name Town or Village: Middle Name (a) Name, if any: First Name State or Union Territory: District: (b) Aadhaar No. (if available): PIN Code: Father's Details: For Religion [Enter appropriate religion "Hindu" or (a) Last Name 11. First Name Middle Name Name: Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or (b) "Other (Please specify)"] Aadhaar No. (if available) (c) (a) Religion of Father: Mobile No. (d) (b) Religion of Mother: Email Id: 5 processing Mother's Details: Father's level of education: (a) 12. Middle Name Last Mama Name (b) Mother's level of education: 13. Aadhaar No. (if available): (c) Mobile No: (d) Father's Occupation: statistical 14. Email Id: 15. Mother's Occupation: Address of parents at the time of Birth of the Child: House No: 6. Ward number (in case of town and if available): Locality: Age of the mother (in completed years) at the tim 16. Sub-district: District: Town or Village: ŕ of marriage (If married more than once, age at fir State or Union Territory: PIN Code: marriage is to be written): detached and sent Permanent address of parents: House No: 7. Age of the mother (in completed years) at the tim Ward number (in case of town and if available): 17. Locality: of this birth: Town or Village: Sub-district: District: PIN Code: State or Union Territory: Number of children born alive to the mother so fa 18. including this child (Number of children born alive Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took 8. include also those from earlier marriage(s), if any): рe Type of attention at delivery (Tick the appropria 19. 1 Hospital / Institution Name: 2 entry below): 2. House 3. Other place Address: House No: Institutional-Government Ward number (in case of town and if available): Locality: Institutional - Private or Non-Government 2 District: Town or Village: Sub-district: Doctor, Nurse or Trained Midwife 3 PIN Code: [State or Union Territory: Traditional Birth Attendant Relatives or others 5 Informant's Details: 9. Method of Delivery (Tick the appropriate entry below 20. (a) Name: Natural (b) Aadhaar No (if available) Caesarean (c) Forceps/Vacuum Mobile No: (d) Email Id: (e) Birth Weight (in kgs.) (if available) : 21 Address : House No: Ward number (in case of town and if available): Locality: Duration of pregnancy (in weeks): 22. District: Town or Village: Sub-district: PIN Code: State or Union Territory: **DECLARATION:** I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar (In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth authentication. etc., as the case may be, in the remarks column ir (After completing all columns 1 to 22, the box below left.) informant will put date and signature) (Columns to be filled are over. Now put signature at left) Signature or left thumb mark of the informant To be filled by the Regis To be filled by the Registrar Code No. Name District Registration No. Sub-District Registration Date: Registration Unit: Town/Village Town / Village Registration Unit Sub-District: Registration No. : District: M M Registration Date: Remarks (if any): Date of Birth: Sex., Male / Female / Transgender person Place of Birth 1 Hospital/Institution 2 House 3 Other

Name and Signature of the Registrar

Instructions for completing the Form 1: BIRTH REPORT

Item No.				structions			
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.						
2	Enter "Male"	or "Female" or	"Transgender Pers	son". Do not use abbreviation	1.		
3,4,5,9	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If child is not named, leave blank. Birth can be registered without name of the child. However, name of child can be inserted, free of charge, within 12 months of registration (Refer Rule 10 of State Rules).						
6,7,8,9	Address, wh Town or Villa Code.	erever it occurs age, Ward num	s, shall contain the ber (in case of tov	name of State or Union Terri vn and if available), Locality	tory, District, Sub-district, House number and PIN		
8	1. Hos 2. Hou 3. Othe Give the nan	pital / Institutionse or place ne and address of the birth took	of the "Hospital / I	nstitution" or the address of t			
10	Town or Vill	age of resider	ice of the mother:	Place where the mother u occurred. The house addre	sually lives. This can be ss is not required to be		
12,13	Level of Edu 1.Pre- Primary	6.Class 5	nne of following— 11.Class 10	16. Bachelor / Undergraduate	21. Literate without formal education		
	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate		
	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate			
	4.Class 3	9.Class 8	14.ITI	19. M.Phil			
	5.Class 4	10.Class 9	15.Diploma / Certificate				
	(Enter the co	mpleted level	of education e.g. if	studied upto class VII but p	assed only class VI, write		
14, 15	 Culti Agric Daily Sing Emp Gove Priva 	culture Labou	rer ner(Other than Ag rker/Self Employe				

Note: The informant must ensure that no item in the Birth Report Form is left blank to the extent possible.

FORM NO.1A (Legal information) (See rule 5) BIRTH REPORT FOR ADOPTED CHILD [SEE REVERSE FOR INSTRUCTIONS] The part to be related to the Birth Property.

FURM NO.1A Statistical information (See rule 5)
BIRTH REPORT FOR ADOPTED CHILD
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

	This part to be added to the Birth Register			To be filled by the informant
,1*. 2*.	To be filled by the informant Date of Birth: Sex (Enter "Male" or "Female" or "Transgender person"):		14.	For Religion [Enter appropriate relig "Hindu" or Muslim" or "Christian" or "Sikh" "Buddhist" or "Jain" or "Other (Please specify
	Child's details (If name is changed on adoption, write new name):-			"Buddhist of Jan of Chief (Floads Speak
3.	Name of the Child First Agence Middler Marthe	1	1	Religion of Adoptive Father:
(a) (b)	Aadhaar No (if available)	1	(a)	Religion of Adoptive Cattle
4*.	Mother's Details (If known):-	1	(b)	Religion of Adoptive Mother:
(a)	Name: Firs Name Middle Name Last Name		(0)	Religion of Adoptive motion
(b)	Aadhaar No. (if available):			Adoptive Father's level of education:
(c)			15.	Adoptive Father's level of education.
	Mobile No:			
(d)	Email Id:	- 1	16.	Adoptive Mother's level of education:
5*.	Father's Details(If known):- Name: First Name Middle Name Last Name	1	10.	•
(a)	Name: First Name Middle Name Last Name		17.	Adoptive Father's Occupation:
(b)	Aadhaar No (if available)	processing	17.	
(c)	Mobile No:	SS		
(d)	Email Id:	Ö	18.	Adoptive Mother's Occupation:
6.	Details of adoption deed / order:-	pd		
(a)	Date: D D M M Y Y Y Y	<u>8</u>	0	
(b)	Number of Adoption deed / order:	stic		
7.	Adoptive Mother's Details:-	statistical		
(a)	Name: First Name Middle Name Last Name	S		
(b)	Aadhaar No (if available):	sent for		~
(c)	Mobile No.	eut		
(d)	Email Id:			
8.		and		
8. (a)	Adoptive Father's Details:- Name			
(b)		detached		
	Aadhaar No (if available):	tac		
(c)	Mobile No:	de		
(d)	Email ld:	pe	1	
9.	Address of adoptive parents as recorded in Adoption deed / order: House No:	101		
	Locality: Ward number (in case of town and if available):	_		
	Town or Village: Sub-district: District:			
	State or Union Territory: PIN Code:			
10.	Permanent address of adoptive parents: House No: Locality			
	Ward number (in case of town and if available):		1	
	Town or Village: Sub-district: District:		1	
	State or Union Territory: PIN Code:			
11*.	Place of birth: (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the			
	Institution" or the address of the "House" or 'Other place' where the birth took place):			
1	1.Hospital / Institution Name:	1	1	
1			4	
	2 House 3. Other place Address: House No. Locality:			
	2. House 3. Other place Address: House No. Locality: Ward number (in case of town and if available): Town or Village:			
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13. (a) (b)	2. House 3. Other place Address: House No. Locality: Ward number (in case of town and if available): Town or Village: Sub-district: State or Union Territory: PIN Code: District: If adoption through agency write the address of the Adoption agency: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code: District: State or Union Territory: Informant's Details:- Name: First Name Middle Name Last Name Aadhaar No. (if available): Mobile No:			
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13. (a) (b) (c) (d) (e) DECL penalt false i benefi (After inform	2. House 3. Other place Address: House No. Locality: Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Locality: Town or Village: Sub-district: State or Union Territory: Informant's Details:- Name: Aadhaar No.(if available): Mobile No: Email Id: Address: House No: Locality: Vard number (in case of town and if available): Mobile No: Email Id: Address: House No: Sub-district: District: State or Union Territory: 'As contained in the original birth certificate. ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the lies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. Completing all columns 1 to 18, tent will put date and signature) Signature or Left thumb mark of the informant		blumns	
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13. (a) (b) (c) (d) (e) DECL penalt false benefi (After inform Date	2. House 3. Other place Address: House No. Ward number (in case of town and if available): Town or Village: Sub-district: State or Union Territory: PIN Code: State or Union Territory: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: Informant's Details:- Name: First Name: Middle Name Last Name Aadhaar No.(if available): Ward number (in case of town and if available): District: State or Union Territory: Informant's Details:- Name: First Name: Middle Name Last Name Aadhaar No.(if available): Ward number (in case of town and if available): District: State or Union Territory: PIN Code: District: District: State or Union Territory: PIN Code: District: PIN Code: District: PIN Code: District: District: State or Union Territory: PIN Code: PIN Code: District: District: State or Union Territory: As contained in the original birth certificate. ARATION: Have furnished true information to the best of my knowledge and belief. I am aware of the lies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, least will put date and signature) First Name: First Name: Middle Name: District: Dist	(Co	District Sub-Dis	To be filled by the Re Name Code No.
13. (a) (b) (c) (d) (e) DECL penalt false inform Date Regist Regist Regist	2. House 3. Other place Address: House No. Ward number (in case of town and if available): Town or Village: Sub-district: State or Union Territory: PIN Code:	(Co	District Sub-Dis Fown/V giatrati	To be filled by the Re Name Code No. trict Illage Registration No. :
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13. (a) (b) (c) (d) (e) DECL penalt false benefi (After inform Date Regist Regist Regist Town District	2. House 3. Other place Address: House No. Ward number (in case of town and if available): Town or Village: District: State or Union Territory: PIN Code: District: State or Union Territory: Agency write the address of the Adoption agency: House No: Ward number (in case of town and if available): Sub-district: District: State or Union Territory: No. Gif available: Sub-district: District: Name: First Name: Middle Name: Last Name: Addhar No. (if available): District: State or Union Territory: No. Gif available): District: Name: First Name: Middle Name: Last Name: Addhar No. (if available): District: District: State or Union Territory: PIN Code: District: State or Union Territory: PIN Code: District: District: District: State or Union Territory: PIN Code: District: District: District: District: District: District: District: State or Union Territory: PIN Code: District: Distri	(CC	District Sub-Dis Fown/V egistrati	To be filled by the Re Name Code No. trict Illage on Unit: Registration No.:
13. (a) (b) (c) (d) (e) DECL penalt false benefi (After inform Date Regist Regist Regist Town District	2. House 3. Other place Address: House No. Ward number (in case of town and if available): Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Ward number (in case of town and if available): Town or Village: Sub-district: Name: Address: House No: Locality: Name: Address: House No: Locality: Mobile No: Email Id: Address: House No: Locality: Sub-district: State or Union Territory: Informant's Details:- Name: Address: House No: Locality: Ward number (in case of town and if available): District: State or Union Territory: Yas contained in the original birth certificate. ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the lies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, learn will put date and signature) To be filled by the Registrar tration No. Tration No. Tration No. Tration Date: Tration Date: To be filled by the Registrar Tration Date:	(CC	District Sub-Dis Fown/V egistrati egistrati ate of B	To be filled by the Re Name Code No. trict llace on Unit: Registration No.: on Date: W. M. Y. Y. irth: 2.2 M. M. Y. Y. le / Female / Transgender person
13. (a) (b) (c) (d) (e) DECL penalt false benefi (After inform Date Regist Regist Regist Town District	2. House 3. Other place Address: House No. Ward number (in case of town and if available): Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Ward number (in case of town and if available): Town or Village: Sub-district: Name: Address: House No: Locality: Name: Address: House No: Locality: Mobile No: Email Id: Address: House No: Locality: Sub-district: State or Union Territory: Informant's Details:- Name: Address: House No: Locality: Ward number (in case of town and if available): District: State or Union Territory: Yas contained in the original birth certificate. ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the lies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, learn will put date and signature) To be filled by the Registrar tration No. Tration No. Tration No. Tration Date: Tration Date: To be filled by the Registrar Tration Date:	(CC	District Sub-Dis Fown/V egistrati egistrati ate of B ex Ma ace of f	To be filled by the Re Name Code No. trict Illade: On Unit: Registration No.: On Uate: W M Y Y irth: Permale / Transgender person Birth: 1. Hospital/Institution 2. House 3
13. (a) (b) (c) (d) (e) DECL penalt false benefi (After inform Date Regist Regist Regist Town District	2. House 3. Other place Address: House No. Ward number (in case of town and if available): Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Ward number (in case of town and if available): Town or Village: Sub-district: Name: Address: House No: Locality: Name: Address: House No: Locality: Mobile No: Email Id: Address: House No: Locality: Sub-district: State or Union Territory: Informant's Details:- Name: Address: House No: Locality: Ward number (in case of town and if available): District: State or Union Territory: Yas contained in the original birth certificate. ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the lies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, learn will put date and signature) To be filled by the Registrar tration No. Tration No. Tration No. Tration Date: Tration Date: To be filled by the Registrar Tration Date:	(CC	District Sub-Dis Fown/V egistrati egistrati ate of B	To be filled by the Re Name Code No. trict Illade: On Unit: Registration No.: On Uate: W M Y Y irth: Permale / Transgender person Birth: 1. Hospital/Institution 2. House 3
13. (a) (b) (c) (d) (e) DECL penalt false benefi (After inform Date Regist Regist Regist Town District	2. House 3. Other place Address: House No. Ward number (in case of town and if available): Ward number (in case of town and if available): Sub-district: State or Union Territory: If adoption through agency write the address of the Adoption agency: House No: Ward number (in case of town and if available): Town or Village: Sub-district: Name: Address: House No: Locality: Name: Address: House No: Locality: Mobile No: Email Id: Address: House No: Locality: Sub-district: State or Union Territory: Informant's Details:- Name: Address: House No: Locality: Ward number (in case of town and if available): District: State or Union Territory: Yas contained in the original birth certificate. ARATION: I have furnished true information to the best of my knowledge and belief. I am aware of the lies under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, its and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. completing all columns 1 to 18, learn will put date and signature) To be filled by the Registrar tration No. Tration No. Tration No. Tration Date: Tration Date: To be filled by the Registrar Tration Date:	(CC	District Sub-Dis Fown/V egistrati egistrati ate of B ex Ma ace of f	To be filled by the Re Name Code No. Inct Illace on Unit: Registration No.: on Uate: W. M. Y. Y. inth: Permale / Transgender person Birth: 1. Hospital/Institution 2. House 3.

Name and Signature of the Registrar

Instructions for completing the Form 1A: BIRTH REPORT FOR ADOPTED CHILD

Item No.			Instr	uctions	111 11 1 1 1 1 1 1 1		
1, 6	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as						
	the case may Use only 'A	<i>l</i> be. Arabic numera tries	als' such as 0,1,2	2,3,4,5,6,7,8,9 for record	ling dates and othe		
2	1			son". Do not use abbrevia			
3,4,5,7,8,13	name] where mandatory.	e full name (r There should b	not abbreviation) to be minimum two c	in the format of [first name to be written in capital let haracters in either [first name to be continued]	ame] or [middle name		
9,10,11,12,13	district, Town	n or Village, \ PIN Code	Ward number (in	e name of State or Union case of town and if avai	Territory, District, Sub lable), Locality, House		
15,16	Level of Edu	cation - Write	one of following-		O4 114		
	1.Pre- Primary	6.Class 5	11.Class 10	16. Bachelor / Undergraduate	21. Literate without formal education		
	2 Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate		
	2.Class 1 3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate			
	4.Class 3	9.Class 8	14.ITI	19. M.Phil			
	5.Class 4	10.Class 9	15.Diploma /	20. Doctorate & above			
	write class V	1)	of education e.g. i	f studied upto class VII bu	it passed only class V		
17,18	1. Cult	culture Labo	urer				
	3. Dail 4. Sing 5. Emp	y Wages Ear gle/Family W bloyer ernment Em	ner(Other than A orker/Self Emplo ployee				
	8. Don	ate Employe nestic Helper -Worker	e(Other than Dor	mestic Helper)			

Note: The informant responsible for reporting birth event of adopted child shall be as per the Registration of Births

and Deaths Act, 1969 (amended in 2023).

The informant must ensure that no item in the form for Birth Report for Adopted Child is left blank to the extent possible.

FORM NO 2 (See rule 5) DEATH REPORT Legal information [SEE REVERSE FOR INSTRUCTIONS] This part to be added to the Disart Register

FURM NO 2 (See rule 5)
DEATH REPORT
Statistical information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

	The file the informant			To be filled by	the informant	
1.	To be filled by the informant Date of Death D 14 55 Y Y Y		11.	Town or villa	ge of Residence of t	he deceased (Pl
2.	Deceased's Details:-			where the der	reased usually lived. I	this can be diffe
(a)	Name: First Name Middle Name Lasi Name	1		from the place	where the death occur or "Village" and write its	тео, тіск арргорі name):
(b)	Aadhaar No. (if available):			Town or Villag	e Sul	o-district:
1	Date of Birth (if available)			District	State or Union	Territory:
(c) (d)	Age:			PIN Code:		
3.	Sex (Enter "Male" or "Female" or "Transgender person"):		12.	Religion (Est	er appropriate religion "	Hindu" or "Muslim
4.	Mother's Details:-		12.	"Christian" or "	Sikh" or "Buddhist" or ".	Jain" or "Other
(a)	Name: First Name Middle Name Last Name			(Please specif	y)"):	
(b)	Aadhaar No. (if available)		13.	Occupation o	f the deceased:	
(c)	Mobile No:		13.	Cooupation		
(d)	Email Id:	1	14.	Type of Medic	cal Attention received	before death (Ti
5.	Father's Details:	sing		the appropriate	e entry below):	
(a)	Name: First Name Minute Name Law Marrie	ess		1 Ins 2 Me	stitutional edical attention other tha	an Institution
(b)	Aadhaar No. (if available)	700		3. No	Medical attention	
(c)	Mobile No:	d E	15.	Was the caus	se of death medically	certified? (Tick
(d)	Email ld:	tics	10.	appropriate er	ntry below):	
6.	Spouse's (husband / wife) Details:-	atis		1.Yes	2. No	
(a)	Name: First Name Middle Name Last Name	Ste	16.	Name of Dis	ease or Actual Caus	se of Death (Fo
(b)	Aadhaar No.(if available)	ō	1	deaths irrespe	ective of whether medica	ally certified or no
(c)	Date of Birth (if available)	ent			is a female death, o	tid the death o
(d)	Age (in completed years):	s p	17.	while pregna	ant at the time of o	delivery or with
(e)	Mobile No:	a	1	weeks after t	the end of pregnancy	(Tick the approp
(f)	Email ld:	eq		entry below):	2. No	
7.	Address of the deceased at the time of death: House No: Locality: Ward number (in case of town and if available):	act		1.Yes	Z. NO	20
	Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District:	det	18.		oitually smoke –	
	State or Union Territory: PIN Code	be detached and sent for statistical processing		for how many		
8.	Permanent address of the deceased: House No: Locality: Ward number (in case of town and if available):	Tol	19.	If used to hat	oitually chew tobacco y years?	in any form –
	Town or Village: Sub-district: District:	1		15	habitually chew are	canut in any
	State or Union Territory: PIN Code		20.	(including pa	in masala) -	canac in any
9.	Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address		1	for how many		
	of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death		1	If used to hal	bitually drink alcohol	
	took place): 1. Hospital / Institution Name:		21.	for how many		
	2. House 3. Other place Address: House No.					
	Locality: Ward number (in case of town and if available):					
	Town or Village: Sub-district: District:					
	State or Union Territory: PIN Code:					
10.	Informant's Details:- Name First Name Middle Name Last Name					
(a)	Traine:					
(b)	Aadhaar No.(if available):					
(c)	Mobile No:					
(d)	Email Id: Address: House No.:		1			
(e)	Locality: Ward number (in case of town and if available):		1			
	Town or Village: Sub-district: District:		1	1		
	State or Union Territory: PIN Code:		1			
DECLA	ARATION: I have furnished true information to the best of my knowledge and belief. I am of the penalties under section 23 of the Registration of Births and Deaths Act, 1989					
/ameng	ded in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted					
Deliver	y of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating					
identity	by way of Aadhaar authentication the best of my knowledge and information, the detail of Aadhaar of the deceased is not					
availab						
(After o	completing all columns 1 to 21,					
	ant will put date and signature)	11	Columns	to be filled are	over. Now put signature	e at left)
Date:	D D - M M · Y Y Y Signature or left thumb mark of the informant	1	Joiumnis		over, wow par oignation	
					Tob	e filled by the Rs
	To be filled by the Registrar		-		Name	Code No.
_	ation No.		Dis	trict	- Livil Livil	
	ation Date: D D N N N Y Y Y Y		Sut	o-District		
_	ation Unit		1000	vn/Village :		
	Village.		Regis	stration Unit		
Sub-Di			Regis	stration No.		
District		9110	Regis	stration Date:	D M M	AAA
	cs (if any): of Death (as per Form 4 / 4A):		Date	of Death:	D M M	YYY
Cause	or nearr (se har ratul).		1		e / Transgender person	"
				of deceased:	2 (1 - 1 - 1 - 2 - 2 - 1 - 2 - 2 - 1 - 2 - 2	ouse 2 Other
			Place	e of death 1. Ho	ospital/Institution 2 Ho	Juse 3 Offici
	Name and Signature of the Registrar				Name and Sig	gnature of the Ri

Instructions for completing the Form 2: DEATH REPORT

Item No.	Instructions
. 1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
2,4,5,6,10	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].
3	Enter "Male" or "Female" or "Transgender Person". Do not use appreviation.
2(d)	If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours.
7,8,9,10	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub- district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.
9	For Place of death tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other
11	place" where the death took place. Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker

Note: The informant must ensure that no item in the Death Report Form is left blank to the extent possible.

FORM NO.3 (See rule 5)

STILL BIRTH REPORT Legal information [SEE REVERSE FOR INSTRUCTIONS] This part to be added to the Still Birth Register

FORM NO 3 (See rule 5)

STILL BIRTH REPORT Statistical information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

				To be filled by the informant
	To be filled by the informant		7.	Town or williago of Residence of the mother (Place
1,:	Date of Birth: O D - M M - Y Y Y Y		'.	where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate
2.	Sex (Enter "Male" or "Female" or "Transgender person"):			entry "Town" or "Village" and write its name):
3.	Father's Details:-			Town or Village: Sub-district: District: State or Union Territory:
(a)	Name: First Name Middle Name Last Name			PIN Code
(b)	Aadhaar No. (if available):			
(d)	Mobile No:		8.	Age of the mother (in completed years) at the time
	Email ld:		353	of this birth:
4. (a)	Mother's Details:-			Mother's level of education:
(b)	Name: First Name Middle Name Last Name		9.	
(c)	Aadhaar No.(if available):	Ðι	10.	Type of attention at delivery (Tick the appropriate entr
(d)	Mobile No: Email ld:	ssir		below)
	Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and	900		Institutional-Government Institutional – Private or Non-Government
5.	address of the "Hospital / Institution" or the address of the "House" or 'Other place" where	al pr		 Doctor, Nurse or Trained Midwife
	the birth took place):	stice		4 Traditional Birth Attendant 5 Relatives or others
	1.Hospital / Institution Name : 2. House 3. Other place Address : House No. Locality:	tatis		Notativos of Taring
	House 3 Other place Address: House No. Locality: Ward number (in case of town and if available): Town or Village:	or s	11.	Duration of pregnancy (in weeks)
	Sub-district: District:	nt f		Cause of foetal death (if known):
	State or Union Territory PIN Code:	and sent for statistical processing	12.	Gauss of result as an (
6.	Informant's Details: Name: First Name Middle Name Last Name			
(a) (b)	Aadhaar No. (if available):	detached		
(c)	Mobile No:	etac		
(d)	Email Id:	be de		
(e)	Address: House No: Locality: Ward number (in case of town and if available)	Tob		
	Town or Village: Sub-district: District:			(In the case of multiple births, fill in a separate form for
DECL	State or Union Territory: PIN Code: PIN Code:	ì		each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box
T tha	we furnished true information to the best of my knowledge and belief. I am aware of the es under section 23 of the Registration of Births and Deaths Act, 1969 (amended in			below left.)
2022)	for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery			
of Fina	Incial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by Aadhaar authentication.			
,				
(After inform	completing all columns 1 to 12, ant will put date and signature)	- (0		o be filled are over. Now put signature at left)
Date		(Co	iumns i	O be filled are over, from par digital to the
				To be filled by the Regis
	To be filled by the Registrar	+	Per H	Name Code No.
Regist	ration No. :		Distr	ct
	ration Date: D D - M M - Y Y Y Y		Sub-	District
	ration Unit:			n/Village
Town	Village:			
Sub-D			Regist	ration Unit
Distric			Regist	ration No.
Kema	ks (if any):		Regist	ration Date:
				of Birth:
			Sex	Male / Female / Transgender person
			Place	of Birth: 1. Hospital/Institution 2. House 3. Other place
	Name and Signature of the Registrar			Name and Signature of the Regis

Instructions for completing the Form 3: STILL BIRTH REPORT

Item No.	Instructions							
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.							
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.							
3,4,6	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].							
5,6	Address, who Town or Villa Code.	erever it occurs ige, Ward num	s, shall nber (in	contain the case of tov	name of State or l vn and if available	Jnion Terri), Locality	tory, District, Sub-district House number and PIN	
5	1. Hosp 2. Hous 3. Othe Give the nam	er place ne and address the birth took	on of the	"Hospital / I			he "House" or 'Other	
7	Town or Ville	and of recider	are of	the mother: ne delivery	Place where the occurred. The ho	mother uuse addro	sually lives. This can b ss is not required to b	
9	Level of Educ 1.Pre- Primary	cation – Write 6.Class 5	one of	following— lass 10	16. Bache Undergraduate	lor /	21. Literate without formal education	
	2.Class 1	7.Class 6	12 C	lass 11	17. PG Diploma		22. Illiterate	
	3.Class 2	8.Class 7		lass 12	18. Master graduate	/ Post		
	4.Class 3	9.Class 8	14.17		19. M.Phil			
	5.Class 4	10.Class 9	Certi	ficate	20. Doctorate &			
	class VI)					s VII but p	assed only class VI, wri	
12.		tal death – Wr (Hamorrhage)			s in the mother	Parvovir	ction in the mother rus B19	
	2. Problems with Placental			Coxsackie virus fever		fever	4. Infection in the mother Q ever	
	3. Problem	with umbilical	cord	9. Infection in the mother Herpes simplex		15. Infection in the mother Rubella (German measles)		
	4. Pre-eclar	npsia			on in the mother	-	ction in the mother Flu	
	5. Genetic p	hysical defect	in		on in the mother	Toxopla		
		order in the mo	ther		on in the mother	18. Not	stated	

Note: The informant must ensure that no item in the Still Birth Report Form is left blank to the extent possible.

FORM NO. 4

(See rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital In-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

A copy of this certificate to be provided to the nearest relative of the deceased

D D - M A	V · A A A	atA.M. /	P.M.		T
NAME OF DECEAS	ED: First Name	Middle Name La	ast Name		For use of Statistical Office
Sex			ge at Death	1 201 1	-
	If I year or more,	If less than 1 year, age	If less than one month,	If less than one day, age in hours	
Mala	age in years	in month	age in days	III IIOUIS	
. Male . Female . Transgender person					
CA	USE OF DEATH			Interval between onset and death approx.	
	se, injury or complice of the mode of dying so etc.	due to (or	r as a consequences of)		
	ns, if any, giving rise t derlying conditions last	due to (or	r as a consequences of)		
l Other significant colut not related to the	nditions contributing t	o the death			
ener of Death atural 2. Accident	3. Suicide 4. Homicie		d the injury occur?		
	e, was pregnancy the de ry? 1. Yes 2. No	ath associated with?	1. Yes 2. No		
			Name a	<u></u>	ttendant certifying the cause o
			- CHEST PLES INSTITUTE OF		

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If deceased is an infant, not yet named at time of death, leave blank.

Age: If the deceased was over 1 year of age, give age in completed years, If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death: This part of the form should always be completed by the attending physician personally

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths: Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or sentility: Old age (or sentility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: (a) Chronic bronchitis, II old age.

Completeness of information: A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia – Give type of anaemia, if known. Neoplasm Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, Heart disease – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus – Describe the antecedent injury, if known. Operation – State the condition for which the operation was performed. Dysentery – Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery – Describe the complication specifically, Tuberculosis – Give organs affected.

Symptomatic statement. Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death: Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.

In accordance with the provisions of section 10(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the Registrar and a copy of the same to the nearest relative of the deceased.

FORM NO. 4A

(See rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For non-institutional deaths. Not to be used for still births)

(To be given to the person required under the Registration of Births and Deaths Act, 1969 (amended in 2023) to give information concerning the death to Registrar along with Form No. 2 (Death Report)

n 🗐 🖸	M M Y Y Y	at A.I	M, / P. M		
IAME OF DECEAS	SED: Frankling	A-19th Numb.	is: Name		
		Aş	ge at Death		For use of Statistical Office
Sex	If I year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
Male Female Transgender Person					
mediate cause	AUSE OF DEATH	due to (or	r as a consequences of)	Interval between onset and death approx	
caused death, r	ase, injury or complication of the mode of dying state.	uch as heart			
	ons, if any, giving rise (nderlying conditions last	due to (or to the above	r as a consequences of)		
	onditions contributing t e disease or condition ca	to the deathusing it			
	emale, was pregnancy the lelivery? 1. Yes 2. No		1. Yes 2. No		
			Name and si	znature of the Medical Practiti	oner certifying the cause of dea
±			Date of verif		. M V . Y Y

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be provided in the following format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If deceased is an infant, not yet named at time of death, leave blank.

Age: If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death: This part of the form should always be completed by the attending physician personally,

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fafal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths: Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: (a) Chronic bronchitis, II old age.

Completeness of information: A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia – Give type of anaemia, if known. Neoplasm – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible, Heart disease – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus – Describe the antecedent injury, if known. Operation – State the condition for which the operation was performed. Dysentery – Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery – Describe the complication specifically, Tuberculosis – Give organs affected.

Symptomatic statement: Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

In accordance with the provisions of section 10(3) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.



ÑßÑðëð-5

çðü. No.		Form-5
State Govt.	GOVERNMENT OF	
Emblem	विभाग/(ÑßÙððAðÑðëð 'ððÜó "îÜĐð÷ ãððâð÷	
	çÆððĐðóÚðòĐð¨îðÚð ¨îð ĐððÙð) DEPARTMENT OF/. (Name of local body issuing certificate).	

,ðÐÙð ÑßÙððÂð-Ñðëð BIRTH CERTIFICATE

(.ఠචបថ और បថិចគីប៍ថិ ប៉oំ,ថិç¾àó ເប៊ែឝិថី iòiថិòචδύδυδ, 1969 (2023 में संशोधित) ចំ iöööö 1 គឺស៊ីឝិថិតំ(ប៉េច,ប៍ថ ចិច චծថប់ថិ),ថិĐបថ और ប់ថិចគីប៍ថិ ប៉oំ,ថិç¾àó ເប៊ែឝិថី (संशोधन) òĐδύ (çõüäðð÷òiថិគីថិ òĐδύδυថ เថិ÷ iòiថិçỡδομαμα ò ci¦ ,ថិថិĐỡ÷ เថិ ãðæðá)	ð Úð, ð 8 / 13 nded in
Úðè ÑßÙððòÂðÃð ò "îÚðð ,ððÃðð èø कि òĐðÙĐðòâðò $^{\circ}$ ðÃð çðõμðĐðð ,ðĐÙð	"÷î Ùđõâđ
âð÷®ð çð÷ âðó गई èø ¸ðð÷ ò¨î (çÆððĐðóÚð êð÷ëð)	
3प-ò¸ðâðð	
ò¸ðâððÜð¸ÚðÜð¸Úð Ùð÷ü £òââðò®ðÃð èø	
This is to certify that the following information has been taken from the original record of b the register for (local area/local body) of District of State/Union territory	Cap alouist
ĐỡđÙỡ/Name:	
òâðü±ð/Sex	
¸ðĐÙð òÃðòÆð/Date of Birth	
jðĐÙð çÆððĐð/Place of birth	
ÙððÃðð "îð ĐððÙð/Name of Mother	
णेतिवर्ग । चेववपर्व/Name of Mother: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
òÑðÃðð "ið ĐððÙð/Name of Father पिता का आधार न॰ /Aadhaar No. of Father	
×ðμμð÷ "÷î ¸ðĐÙð "÷î çðÙðÚð ÙððÃðð òÑδÃðð "îð ÑðÃðð /)ððÃðð
ὸΝδΑσό το ςÆδδύδο ΝδΑδδό/	
Address of parents at the time of birth of the child: Permanent address of parents	:
Nõü jõó "îÜÂð çõü® Úðð Registration No :	of
_UUUU TUUU: TU UMUUMLU/ Date of 18840	

Ùðð÷èÜ/Seal

ÑßÃÚð÷"î jðÐÙð ¦ãðÙð þÙðöÃÚðô "îð Ñðü jðó"îÜÂð çõôòĐðòäμðÃð "îÜ÷ü/ Ensure registration of every birth and death



ÑßÑðëð-6

Form-6

çðü. N o	
	çðÜ"îðÜ
State	GOVERNMENT OF
Govt.	विभाग/(ñßùððâðñðëð ,ððüó "îÜÐð÷ ãððâð÷
Emblem	cÆððÐðóÚðòÐð"îðÚð "îð ĐđðÙð)
	DEPARTMENT OF/. (Name of local body issuing certificate).
	ÙðöÃÚðô ÑBÙððÂð Ñðëð
	DEATH CERTIFICATE 1000 (2003 計 可能) (2014 17 / 17
(¸ðĐÙð	और บัฮอลีบ์ฮอ์ บัอ ฮีรู¾ล่อ์ เบิลฮ์ เอเฮออฮบ์ฮบ์ฮ, 1969 (2023 में संशोधित) เอ๋ เฮฮบ์ฮ 12 / 17
(çðüäðð	(Üð¸Úð "îð ĐððÙð),ðÐÙð और ÙðöÃÚðô Üò¸ðç¾àó"îÜÂð (संशोधन) òÐðÚðÙð, ÷òïðÃð òÐðÚðÙð "îð÷ ¡òïðçðãòµðÃð ò"î¦ ¸ððÐð÷ "îð ãðæðá)"÷î òÐðÚðÙð 8 / 13
(leeuad	±ðáÃð jððÜó ò''îÚðð ±ðÚðð) Lunder Section 12 / 17 of the Registration of Births and Deaths Act, 1969 (amended in
2023) (and Rule 8 / 13 of the (Name of State) Registration of Births and Deaths
(Amen	dment) Rules(Year of notifying the revised rules).
Úđè Ñ	ßÙððòÂðÃð ò"îÚðð 'ððÃðð èø कि òĐđÙĐđòâðò®ðÃð çđõµđĐđđ ÙđöÃÚðô "÷î Ùðõâð
	çð÷ âðó गई èø 'ðð÷ ò¨î (çÆððĐðóÚð êð÷ëð)
	3प-ò¸ðâðð
òjðâðó	ÿÜð Úð
Uð÷ü f	Eőäädő®dAd eø
This is	to certify that the following information has been taken from the original record of death which
is the	register for (local area/local body)

Đặặỳ	j/Name:
ÙðöÃð	"î का आधार न॰ /Aadhaar No. of xxxxxxxxxx
òâðü±	ð/Sex
	Jðô "îó òÃðòÆð/Date of Death
	Jőő "íð çÆőőÐő/Place of Dealli
	ið "ið ĐđđÙđ/Name of Mother
	্রাখাर ন。/Aadhaar No. of Mother <u>^ ^ ^ ^ ^ ^ ^ ^ </u>
	্রোঘার ন্ত /Aadhaar No. of Father:
	नी का नाम/Namo of Husband / Wife
	The an angle of Aachaar No. of Husband (10/16). XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	i''î ''îð ÙðöÃÚðô ''÷î çðÙðÚð ''îð ÑðÃðð/
	΄΄ ϊδ ςÆððÚðó ÑðÃðð/
	s of the deceased at the time of death: Permanent address of the deceased:

Ñðü,	ðó¨îÜÂð çðü®Úðð/Registration No :Ñðü¸ðó¨îÜÂð दिनांक/Date of
_	tration
	ŇðÂðó/Remarks (if any)
,ððÜ	ó "îÜĐỡ÷ "îó òÃðòÆð∕Date of issue:
	ÑßðòÏð"ĵðÜó "÷î èçÃððêðÜ/Signature of the issuing
autho	rity ÑßðòÏð¨ĨðÜó ¯Ĩð ÑðÃðð/ Address of the issuing authority
	Ùđđ÷èÜ/Seal
o⊼ıías.	÷ "î jðÐÙð ¦ãðÙð þÙðöÃÚðô "îð Ñðüjðó"îÜÂð çðôòĐðòäμðÃð "îÜ÷ü/ Ensure registration
SAUUT	of every birth and death
	FORM NO.7
	(See rule 12)
	BIRTH REGISTER
	Legal information
	This part to be added to the Birth Register
	To be filled by the informant
1.	Date of Birth: DD - MM - Y Y Y Y
2.	Sex (Enter "Male" or "Female" or "Transgender person"):
3.	Child's Details (If not named, leave blank):- Name If any: First Name Middle Name Last Name
(a) (b)	Name, If any First Name Middle Name Last Name Aadhaar No, (if available):
4	Father's Details:-
(a)	Name: First Name Middle Name Last Name
(b)	Aadhaar No (if available):
(d)	Mobile No: Email Id:
5.	Mother's Details:-
(a)	Name: First Name Niddle Name Last Name
(b)	Aadhaar No (if available):
(d)	Mobile No: Email Id:
	Address of parents at the time of Birth of the Child: House No:
6.	Locality: Ward number (in case of town and if available):
3	Town or Village: Sub-district: District: State or Union Territory: PIN Code:
	Permanent address of parents: House No:
7.	Locality: Ward number (in case of town and if available):
	Town or Village: Sub-district: District: State or Union Territory: PIN Code:
8.	Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place):

9. (a)

(b)

(c)

(d)

(e)

1 Hospital / Institution

State or Union Territory: Informant's Details:

Aadhaar No. (if available)

Address : House No:

State or Union Territory:

authentication. (After completing all columns 1 to 23, informant will put date and signature)

3. Other place

First Name

2. House

Mobile No:

Email Id:

Locality: Town or Village:

DECLARATION:

Date:

Town or Village:

Locality:

Name:

Sub-district:

Sub-district:

place Address: House No: Ward number (in case of town and if available):

PIN Code: [

Ward number (in case of town and if available):

Signature or

left thumb mark of the informant

PIN Code:

I have furnished true information to the best of my knowledge and belief. I am aware of the penalties unider section 23 of the Registration of Births and Deutits Aut, 1808 (amended in 2020) for authoriting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authorities.

Middle Name

District:

District:

Last Name

	To be filled by the Registrar
Registration No Registration Date: Registration Unit: Town / Village: Sub-District: District: Remarks (if any):	TIO M M Y Y X Y
	Name and Signature of the Registrar

FORM NO.8 (See rule 12) **DEATH REGISTER** Legal information This part to be added to the Death Register To be filled by the informant Date of Death D D - M M 1. Deceased's Details:-2. Name: First Name Middle Name Last Name (a) Aadhaar No. (if available): (b) Date of Birth (if available): ט ט M M (c) (d) Sex (Enter "Male" or "Female" or "Transgender person"): 3. Mother's Details:-4. Name: (a) Aadhaar No. (if available): (b) (c) Mobile No: Email Id: (d) Father's Details: 5. Name: First Name Middle Name Last Name (a) (b) Aadhaar No. (if available): (c) Mobile No: Email Id: (d) Spouse's (husband / wife) Details:-6. First Name Middle Name Last Name Name: (a) (b) Aadhaar No. (if available): (c) Date of Birth (if available): Age (in completed years): (d) Mobile No: (e) Email Id: (f) House No: Address of the deceased at the time of death: 7. Ward number (in case of town and if available): Locality: Town or Village: Sub-district: District: State or Union Territory: PIN Code: Permanent address of the deceased: House No: 8. Ward number (in case of town and if available): Locality: Town or Village: Sub-district: District: PIN Code: State or Union Territory: 9. Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death took place): 1. Hospital / Institution Name: 3. Other place Address : House No: 2. House Ward number (in case of town and if available): Locality: District: Town or Village: Sub-district: PIN Code: State or Union Territory: 10. Informant's Details:-First Name (a) Middle Name Last Name Name: (b) Aadhaar No (if available): (c) Mobile No: (d) Email Id: (e) Address : House No.: Locality: Ward number (in case of town and if available): Town or Village: District Sub-district: PIN Code: State or Union Territory aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available (After completing all columns 1 to 21,

informant will put date and signature)

		To be filled by the Registrar	
Registration No		1	
Registration Date: Registration Unit	P1 72 · 111		
Town / Village	Sub-District	District	8
Remarks (if any):			- 4
Cause of death (As per Form	4 / 4A):		

FORM NO.9

(See rule 12) STILL BIRTH REGISTER Legal information This part to be added to the Still Birth Register

	this pan to be daded to the Still Billin Register
	To be filled by the informant
1.	Date of Birth:
2.	Sex (Enter "Male" or "Female" or "Transgender person"):
3.	Father's Details:-
(a)	Name: rist Name Middle Name Last Name
(b) (c)	Aadhaar No. (if available).
(d)	Mobile No:
4.	
(a)	Mother's Details:- Name: First Name Mindle Name Last Name
(b)	
(c)	Aadhaar No. (if available): Mobile No:
(d)	Email Id:
5.	Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place): 1. Hospital / Institution Name: 2. House 3. Other place Address: House No. Locality: Ward number (in case of town and if available): Town or Village: Sub-district: State or Union Territory: PIN Code:
6. (a)	Informant's Details: Name: First Name Middle Name Last Name
(b)	Aadhaar No. (if available):
(c)	Mobile No:
(d)	Email Id:
(e)	Address: House No: Locality: Ward number (in case of town and if available):
	Town or Village: Sub-district: District:
DECLARAT	State or Union Territory PIN Code:
the Registra	nished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of tion of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, aar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating ay of Aadhaar authentication.
	eting all columns 1 to 12, Il put date and signature)
Date: D	Signature or
	left thumb mark of the informant
	To be filled by the Registrar
Daniel II	
Registration Registration	Date: U U - M M - Y Y Y Y
Town / Villag	
Sub-District:	
District	
Remarks (if	any)
	Name and Signature of the Registrar

FORM No.10 (See rule 13)

NON-AVAILABILITY CERTIFICATE
(Issued under Section 17 of the Registration of Births & Deaths Act, 1969 (amended in 2023))

	This is	to	certify	that	а :	search	has	been	made	on	the	requ	ıest	0
Shri/Si	mt./Kum									sc	n/wife	/daug	hter	0
(Sub-E	District)			*******			escares	of (Dist	rict)					0
(State)					and	found	that t	the eve	nt relat	ing to	the b	oirth/c	ieath	0
******			*******	*****	son/d	aughter	of .					w	as r	Ю
registe	red.													
									,:					
Date:	d d	- n	n m -	ууу	у									
				, , ,	لئلا				Signatuı	e of is	suing	autho	ority	
									2001					
									Seal					

FORM No. 11(See rule 14)

SUMMARY MONTHLY REPORT OF BIRTHS

1.	Report for the Month of:	Year:
	•	

- 2. District:
- 3. Town/ Village:
- 4. Registration Unit:
- 5. Number of Births Registered during the month:

Male (1)	Female (2)	Transgender Person (3)	Total* (1+2+3)
	3		

- 6. Time Gap in Birth registration:
 - (a) Within Time limit (21 days) of their occurrence:
 - (b) More than 21 days but within 30 days of their occurrence:
 - (c) More than 30 days but within one year of their occurrence:
 - (d) After one year of their occurrence:

Total*
$$(a + b + c + d)$$
:

* Total should be equal to the number of statistical part of Birth Report Forms (Form No.1) attached with this monthly report.

Signature and Name of the Registrar

Date · d d m m y y y y

Submitted to the Chief Registrar/District Registrar

FORM No. 12 (See rule 14)

SUMMARY MONTHLY REPORT OF DEATHS

1	Report for the Month of: _	Year
1.	TOPOIL IOI CITO TITOLICA	

- 2. District:
- 3. Town/ Village:
- 4. Registration Unit:
- Details of Deaths Registered during the Month:

Death	s (Including	all Infant deaths	& Child	Infan	ts Deaths (A	Age less than one	e year)	Child	Deaths (Ag	e one year or mo an five years)		Maternal Deaths
Male	Deaths & I Female	Maternal Deaths) Transgender	Total*	Male	Female	Transgender	Total	Male	Female	Transgender Person	Total	
		Person				Person	+	-		1		

6. Time Gap in Death registration:

- (a) Within Time limit (21 days) of their occurrence:
- (b) More than 21 days but within 30 days of their occurrence:
- (c) More than 30 days but within one year of their occurrence:
- (d) After one year of their occurrence:

Total* (a + b + c + d):

Note: Infant and Child Deaths & Maternal Deaths should also be included in the Deaths.

* Total should be equal to the number of statistical part of Death Report Forms (Form No.2) attached with this monthly report.

Signature and Name of the Registrar

Date:

a	d	-	m	m	-	У	У	У	у
1 1						100			

Submitted to the Chief Registrar/District Registrar

FORM No. 13 (See rule 14)

SUMMARY MONTHLY REPORT OF STILL BIRTHS

7	Donath of	Year:
1.	Report for the Month of:	,

- 2. District:
- 3. Town/ Village:
- 4. Registration Unit:
- 4. Number of Still Births Registered during the month:

Male	Female	Transgender Person	Total*
(1)	(2)	(3)	(1+2+3)
	(4)		

5. Time Gap in Birth registration:

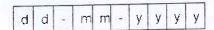
- (a) Within Time limit (21 days) of their occurrence:
- (b) More than 21 days but within 30 days of their occurrence:
- (c) More than 30 days but within one year of their occurrence:
- (d) After one year of their occurrence:

Total*
$$(a + b + c + d)$$
:

* Total should be equal to the number of statistical part of Still Birth Report Forms (Form No.1) attached with this monthly report.

Signature and Name of the Registrar

Date:



Submitted to the Chief Registrar/District Registrar

Form No. 14 (See rule 9)

Format of Self-attested document for <u>Delayed Reporting of BIRTH / DEATH</u> under Section 13(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023) DECLARATION

I,s	on/daughter/wife	of do
,resident ofhereby declare that:		do
1. I am the informant for the delayed reporting of I deceasedson/daughter/spot 2. He / she was born / died on(date of birth_death)_	Birth / Death of(nature of	ne of child / ; at (place)
birth death);		
3. He / she was attended at birth /death by	<u> </u>	who resides
at; 4. The reason(s) for the delay in reporting	of his / her birth	/death are
		
5. His / her birth / death certificate is	s required for the	purpose of
DECLARATION:		
\Box I, declare that the above information is true and I has	we not reported the above	event to any
Registrar and no birth / death certificate has been is. knowledge and belief.	sued in this respect, to th	e best of my
	Name an thumb mark of	d Signature or f the informant
Date	e IIII	3 3 -

Notes:

- 1. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
- 2. Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].
- 3. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Subdistrict, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.

Form No. 15 (See rule 16 A)

FORM FOR APPEAL

(To be submitted to District Registrar / Chief Registrar) (under Section 25(A) of the Registration of Births and Deaths Act, 1969 (amended in 2023))

1.	Aggrieved by an action or order of: Registrar / District Registrar or any officer authorized to act
	as Registrar / District Registrar (details of office to be provided as below)

State	District	Sub-District	Village/Town	Locality	RU	Name of Registrar / Distt. Registrar
					ID	or any officer authorized to act as
						Registrar / District Registrar

	Account of Event Leading to appeal with date and order no. etc.
er-	(Provided a detailed account of the occurrence, use attachments, if necessary)
L	DECLARATION:
	I have furnished true information to the best of my knowledge and belief.
	(Signature of the appellant)
	Date D D - M M - V V V V

Appealant details:

Name	Address	Aadhaar No.	Email Id	Mobile No.

Notes:

- 1. Please retain a copy of this form for your own records.
- 2. Appeal, if any, must be submitted to District Registrar / Chief Registrar within a period of 30 days from the date of such action or receipt of such order with which the person is being aggrieved.
- 3. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is the date in two digits, mm is the month in two digits and yyyy is the year in four digits. Wherever the date is written in words it should be written in full e.g. 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals 'such as 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, for recording dates and other numerical entries.
- 4. Name, wherever it occurs, in Forms referred is to be provided in the format of (first name) (middle name) (last name) where full name (not abbreviation) to be written in the capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] [last name].
- 5. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of towm and if available, Locality, House number and PIN Code.".

Sd/-

(Or Jorani Beda, JAS)

Commissioner & Secretary to the Govt. of Meghalaya, Health & Family Welfare Department.

- 1. P.S. to Chief Minister, Meghalaya for kind information of Chief Minister.
- 2. P.S. to Minister in charge Health & Family Welfare for kind information of Minister.
- 3. P.S. to Chief Secretary to the Govt of Meghalaya for kind information of Chief Secretary.
- **4.** P.S. to Additional Chief Secretary to the Govt of Meghalaya for kind information of Additional Chief Secretary.
- 5. Deputy Secretary to the Govt of Meghalaya, Law (B) Department.
- 6. Under Secretary to the Govt of Meghalaya, Cabinet Affairs Department.
- 7. The Director of Printing & Stationery, Meghalaya, Shillong for publication in the Gazette.
- 8. Deputy Commissioner/Additional Deputy Commissioner/Extra Assistant Commissioner/Sub-Divisional Officer (Civil) of the concerned District or Sub-Division.
- 9. All Administration Department.
- 10. All Heads of Department.
- 11. Director of Health Services (MI)/(Research) Meghalaya, Shillong.
- 12. Director of Health Services (MCH&FW), Meghalaya, Shillong with reference to letter No.DHS/MCH/DEMO/Regn/2/96/4316, dated.13.12.2024 for information and necessary action.

By Order etc.,

(Shri. H. Nongsiej)

Under Secretary to the Govt. of Meghalaya, Health & Family Welfare Department.