

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI – 110029**

No.F.4-VI/B/2026/Hosp.(MR)Misc.

Date: 13.10.2026

CIRCULAR

Subject: Compliance with mandatory fields and documents for Birth & Death reporting under the revised NDMC online system –regarding.

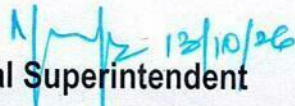
The **New Delhi Municipal Council (NDMC)** has communicated regarding implementation of the revised online software application for **Registration of Births and Deaths** in accordance with the amended **Registration of Births and Deaths (RBD) Act** (as attached).

In this regard, all **Treating Consultants/Resident Doctors and Ward In-charges/concerned officials** are hereby advised to ensure that the following information and documents are duly completed and submitted along with the prescribed Birth/Death report to the **Medical Record Department (MRD)** on the **same day of occurrence**.

Sl. No.	Type of Event	Mandatory Particulars/Fields <i>Responsibility- Doctors</i>	Attachments <i>Responsibility- Nursing officers</i>
1.	Death	• Father's Name & mobile number • Mother's Name & mobile number • Spouse's name & mobile number • Name of Doctor on Duty • Reporting time in case of Brought Dead	• Deceased ID proof • Father's ID proof • Mother's ID proof • Spouse ID proof
2.	Birth	• Father's Name & mobile number • Mother's Name & mobile number • Mother's maternal (Mayka) address • Name of Doctor on Duty	• Father's ID proof • Mother's ID proof
3.	Stillbirth	• Father's Name & mobile number • Mother's Name & mobile number • Mother's maternal (Mayka) address • Name of Doctor on Duty • Weight of stillbirth • Cause of death	• Father's ID proof • Mother's ID proof

All concerned are requested to ensure that the information is **complete, accurate and legible**, as deficiencies in mandatory fields/documents may lead to delay in submission/registration by MRD.

This is to be implemented with immediate effect.


Medical Superintendent

Copy to:

1. Director, AIIMS
2. All Heads of Departments/Centre(s)/Units – for dissemination of this information to all Treating Consultants/Resident Doctors.
3. PIC CF & to upload on the content provider and also make necessary amendment in the Death and Birth form in the e-hospital in co-ordination with Sr. MRO(H.).
4. Chief Nursing Officer for dissemination of this information to all areas.
5. Medical Record Department – for information and necessary action.

OFFICE OF THE REGISTRAR (BIRTH & DEATH)
IN-CHARGE, PUBLIC HEALTH PROGRAMME
IN-CHARGE, MCW CENTRES
NEW DELHI MUNICIPAL COUNCIL
MANDIR MARG, NEW DELHI - 110001

No. D.No. 301/B&D/Reg./2026

Dated: 5-10-2026

To,

The Director

ALL NDMC JURISDICTION
HOSPITALS

Subject: Circulation of Important Instructions regarding the Launch of the New Birth & Death Registration Module

Sir/Madam,

It is hereby informed that the New Delhi Municipal Council (NDMC) has developed a new and upgraded module for the Birth and Death Registration System, which is scheduled to be launched on **07.10.2026 at 11:00 AM**.

In this regard, it is further submitted that two training sessions, comprising one physical and one virtual session, have already been successfully conducted with the MRD Section of your hospital. In addition, an interaction between the NDMC Developer Team and the concerned officials of various hospitals has also been conducted to facilitate a smooth transition to the new system.

In view of the implementation of the new module and the provisions of the amended Registration of Births and Deaths (RBD) Act, the following important instructions are required to be brought to the notice of all concerned departments and officials of the MRD Section for strict compliance:

- 1. Online Uploading of Forms:**
All prescribed forms, namely Form No. 1, Form No. 2 and Form No. 3, shall be duly scanned and uploaded online by the concerned MRD Section.
- 2. Complete Details by Doctor on Duty:**
The Doctor on Duty shall ensure that all requisite details in Form No. 1 and Form No. 2 are filled in completely and accurately. The forms must also bear the proper stamp and signature of the concerned doctor.
- 3. No Physical Submission:**
No physical copy of the forms shall be forwarded to the NDMC office. The required documents/data shall be transmitted only through the online digital system.
- 4. Mandatory Paternal Address of Mother:**
The paternal address of the mother has been made a mandatory field in the new system. The concerned department/official shall ensure that the requisite information is correctly furnished while entering the details.
- 5. Timely Transfer of Data and Late Fee:**
As per the provisions of the amended Registration of Births and Deaths Act, provision has been made for the imposition of a late fee of ₹20/- (after 21 days but within 30 days of occurrence) and ₹50/- (after 30 days but within one year of occurrence), as applicable (refer to Page No. 27 of the RBD Act). It is, therefore, imperative that the concerned officials ensure timely and prompt transmission of the requisite data to avoid delays and consequential late-fee implications.

In view of the above, you are kindly requested to issue necessary directions to all concerned departments, doctors, MRD officials and other staff members for strict adherence to the aforesaid instructions. This will ensure the smooth, timely and effective implementation of the new Birth & Death Registration System and compliance with the provisions of the amended RBD Act.

Your cooperation in this regard is highly appreciated.

Thanking you,

Yours faithfully,

5/10/2026

(Dr. Sumit Dubey)
Registrar (Birth & Death)
New Delhi Municipal Council
Mandir Marg, New Delhi - 110001

REGISTRAR
BIRTH & DEATH
N.D.M.C., NEW DELHI

भारत सरकार
GOVERNMENT OF INDIA

दिल्ली राजपत्र

Delhi Gazette

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सं. 257]	दिल्ली, मंगलवार, अक्टूबर 15, 2024/आश्विन 23, 1946	[रा.रा.रा.क्षे.दि. सं. 219
No. 257]	DELHI, TUESDAY, OCTOBER 15, 2024/ASHVINA 23, 1946	[N. C. T. D. No. 219

भाग IV
PART IVराष्ट्रीय राजधानी राज्य क्षेत्र दिल्ली सरकार
GOVERNMENT OF THE NATIONAL CAPITAL TERRITORY OF DELHIअर्थ एवं सांख्यिकी निदेशालय
तथा
मुख्य पंजीकार (जन्म एवं मृत्यु) कार्यालय
अधिसूचना

दिल्ली, 11 अक्टूबर, 2024

सं. फा. एफ.4(43)/जीवनांक/असनि/2024/5773.—जन्म और मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 (1969 का अधिनियम संख्यांक 18) की धारा 30 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए दिल्ली राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार के उप-राज्यपाल केंद्रीय सरकार के अनुमोदन से दिल्ली जन्म और मृत्यु रजिस्ट्रीकरण नियम, 1999 का संशोधन करने के लिए जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन)नियम, 2024 बनाते हैं, अर्थात्:-

- (1) इन नियमों का संक्षिप्त नाम दिल्ली जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन)नियम, 2024 है।
- (2) ये राजपत्र में उनके प्रकाशन की तारीख को प्रवृत्त होंगे।
2. दिल्ली जन्म और मृत्यु रजिस्ट्रीकरण नियम, 1999 (जिसे इसमें इसके पश्चात् मूल नियम कहा गया है) के नियम 5 के उपनियम (3) के पश्चात् निम्नलिखित उपनियम अंतःस्थापित किए जाएंगे, अर्थात्:-

“(4) दिल्ली जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन)नियम, 2024 में निर्दिष्ट प्ररूपों में नाम जब कभी वह आता है, को (प्रथम नाम)(मध्य नाम)(अंतिम नाम)के प्ररूप में दिया जाएगा और नाम में कोई संक्षेपाक्षर अंतर्विष्ट नहीं होंगे।

(5) दिल्ली जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन) नियम, 2024 में निर्दिष्ट प्ररूपों में तारीख, जब कभी वह आती है, को दिन-मास-वर्ष के प्ररूप में दी जाएगी, जिसमें दिन को दो अंकों में, मास को दो अंकों में और वर्ष को चार अंकों में दिया जाएगा।

(6) दिल्ली जन्म और मृत्यु रजिस्ट्रीकरण (संशोधन) नियम, 2024 में निर्दिष्ट प्ररूपों में पता में राज्य या संघ राज्यक्षेत्र का नाम, जिला, उपजिला, नगर या गाँव, वार्ड संख्या (नगर की दशा में और यदि उपलब्ध हों), मोहल्ला, मकान संख्या और पिन कोड, अंतर्विष्ट होगा।”।

3. मूल नियमों के नियम 7 में,-

(क) पार्श्व शीर्ष में “धारा 10(3)” शब्द, अंक और कोष्ठक के स्थान पर “धारा 10 की उपधारा (2) और उपधारा (3)” शब्द, अंक और कोष्ठक रखे जाएंगे;

(ख) “मृत्यु के कारण का प्रमाणपत्र” शब्दों के पश्चात् “जिसके अन्तर्गत बीमारी का वृत्तांत यदि कोई हो” शब्द अंतःस्थापित किए जाएंगे;

(ग) “उपधारा (3)” शब्द, कोष्ठक और अंक के स्थान पर “उपधारा (2) और उपधारा (3)” शब्द, कोष्ठक और अंक रखे जाएंगे;

(घ) “प्ररूप सं. 4 अथवा 4क” शब्द, अंक और अक्षर के स्थान पर “क्रमशः प्ररूप सं. 4 और प्ररूप सं. 4क” शब्द, अंक और अक्षर रखे जाएंगे।

4. मूल नियमों के नियम 8 में,-

(क) पार्श्व शीर्ष में “पंजीकरण की प्रविष्टियों के उद्धरण का दिया जाना” शब्दों के स्थान पर “जन्म या मृत्यु रजिस्ट्रीकरण प्रमाणपत्र का दिया जाना,” शब्द रखे जाएंगे;

(ख) उपनियम (1) में,-

(i) “दी जाने वाली प्रविष्टियों के व्यौरे का उद्धरण” शब्दों के स्थान पर “उद्धृत जन्म या मृत्यु प्रमाणपत्र” शब्द रखे जाएंगे;

(ii) “सूचना देने वाले प्रविष्टियों का व्यौरा व्यक्तियों के” शब्दों के स्थान पर, “सूचना देने वाले व्यक्तियों को इलैक्ट्रॉनिक रूप से या अन्यथा,” शब्द अंतःस्थापित किए जाएंगे;

(ग) उपनियम (2) के स्थान पर, निम्नलिखित उपनियम रखा जाएगा, अर्थात्:-

“(2) धारा (8) की उपधारा (1) के, यथास्थिति, खंड (क), (कक), (कख) और (कग) में निर्दिष्ट यथास्थिति, जन्म और मृत्यु की निवासीय घटनाओं की दशा में, जो सीधे जन्म और मृत्यु रजिस्ट्रार को रिपोर्ट की जाती हैं, यथास्थिति, घर या गृहस्थी के मुखिया, या उसकी अनुपस्थिति में, घर में उपस्थित मुखिया का निकटतम रिश्तेदार या उसकी अनुपस्थिति में उपस्थित सबसे बड़ा वयस्क व्यक्ति, दत्तक ग्रहण करने वाले माता-पिता, माता-पिता, और जैविक माता-पिता, रिपोर्ट किए जाने के तीस दिन के भीतर रजिस्ट्रार से इलैक्ट्रॉनिक रूप से या अन्यथा, जन्म या मृत्यु का प्रमाणपत्र प्राप्त कर सकेंगे।”;

(घ) उपनियम (3) में,-

(i) “उपलब्ध करायेगा” शब्दों के स्थान पर, “इलैक्ट्रॉनिक रूप से या अन्यथा उपलब्ध करायेगा” शब्द रखे जाएंगे;

(ii) “उद्धरण” शब्द के स्थान पर, “प्रमाणपत्र” शब्द रखा जाएगा;

(iii) “नजदीकी रिश्तेदार” शब्दों के पश्चात्, “या उसकी अनुपस्थिति में उपस्थित सबसे बड़ा वयस्क व्यक्ति” शब्द अंतःस्थापित किए जाएंगे;

(ड) उपनियम (4) में,-

(i) “खंड (ख) से (ड) तक संस्थाओं में हुये जन्म, मृत्यु” शब्दों, कोष्ठकों और अक्षर के स्थान पर “खंड (ख) से (ड) और (घक), (घख) और (घग) में निर्दिष्ट संस्थागत यथास्थिति, जन्म और मृत्यु,” शब्द, कोष्ठक और अक्षर रखे जाएंगे;

(ii) “प्राप्त” शब्द के स्थान पर “इलैक्ट्रॉनिकी रूप से या अन्यथा अभिप्राप्त” शब्द रखे जाएंगे;

(iii) “उद्धरण” शब्द के स्थान पर “प्रमाणपत्र” शब्द रखा जाएगा;

(च) उपनियम (5) में “उद्धरण” शब्द के स्थान पर “प्रमाणपत्र” शब्द रखा जाएगा।

5. मूल नियमों के नियम 9 में,-

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI

FORM NO.1

(See rule 5)

BIRTH REPORT

Legal information

[SEE REVERSE FOR INSTRUCTIONS]

This part to be added to the Birth Register

To be filled by the informant

- Date of Birth :
- Sex (Enter "Male" or "Female" or "Transgender person") :
- Child's Details (If not named, leave blank) :-
 (a) Name, if any : First Name Middle Name Last Name
 (b) Aadhaar No. (if available) :
- Father's Details :-
 (a) Name : First Name Middle Name Last Name
 (b) Aadhaar No. (if available) :
 (c) Mobile No. :
 (d) Email Id. :
- Mother's Details :-
 (a) Name : First Name Middle Name Last Name
 (b) Aadhaar No. (if available) :
 (c) Mobile No. :
 (d) Email Id. :
- Address of parents at the time of Birth of the Child : House No. :
 Locality : Ward number (in case of town and if available) :
 Town or Village : Sub-district : District :
 State or Union Territory : PIN Code :
- Permanent address of parents : House No. :
 Locality : Ward number (in case of town and if available) :
 Town or Village : Sub-district : District :
 State or Union Territory : PIN Code :
- 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 : District :
 State or Union Territory : PIN Code :
- Informant's Details :
 (a) 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 :
 State or Union Territory : PIN Code :

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 authentication.

(After completing all columns 1 to 22, informant will put date and signature)

Date: Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. :
 Registration Date:
 Registration Unit :
 Town / Village :
 Sub-District :
 District :
 Remarks (if any):

Name and Signature of the Registrar

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI

FORM NO.1

(See rule 5)

BIRTH REPORT

Statistical information

[SEE REVERSE FOR INSTRUCTIONS]

This part to be detached and sent for statistical processing

To be filled by the informant

- Town or Village of Residence of the mother (Place 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 name):
 Town or Village: Sub-district:
 District: State or Union Territory:
 PIN Code:
- For Religion [Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other" (Please specify)]
 (a) Religion of Father:
 (b) Religion of Mother:
- Father's level of education:
- Mother's level of education:
- Father's Occupation:
- Mother's Occupation:
- Age of the mother (in completed years) at the time of marriage (If married more than once, age at first marriage is to be written):
- Age of the mother (in completed years) at the time of this birth :
- Number of children born alive to the mother so far including this child (Number of children born alive to include also those from earlier marriage(s), if any) :
- Type of attention at delivery (Tick the appropriate entry below):
 1. Institutional-Government
 2. Institutional - Private or Non-Government
 3. Doctor, Nurse or Trained Midwife
 4. Traditional Birth Attendant
 5. Relatives or others
- Method of Delivery (Tick the appropriate entry below):
 1. Natural
 2. Caesarean
 3. Forceps/Vacuum
- Birth Weight (in kgs.) (if available):
- Duration of pregnancy (in weeks) :

(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)

To be detached and sent for statistical processing

(Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

Name	Code No.
District	
Sub-District	
Town/Village :	

Registration Unit :
 Registration No. :
 Registration Date:
 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

Instructions for completing the Form 1: 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.																									
3,4,5,9	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, 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.																									
8	Tick the appropriate entry for place of birth 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 place" where the birth took place.																									
10	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.																									
12,13	Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16.Bachelor Undergraduate /</td><td>21. Literate without formal education</td></tr> <tr> <td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr> <tr> <td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr> <tr> <td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr> <tr> <td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma Certificate</td><td>20. Doctorate & above</td><td></td></tr> </tbody> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	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	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	20. Doctorate & above	
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Note: The informant must ensure that no item in the Birth Report Form is left blank to the extent possible.

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI

FORM NO.1A (Legal information) (See rule 5)

BIRTH REPORT FOR ADOPTED CHILD

[SEE REVERSE FOR INSTRUCTIONS]

This part to be added to the Birth Register

To be filled by the informant

1*. Date of Birth :

2*. Sex (Enter "Male" or "Female" or "Transgender person") :

3. Child's details (If name is changed on adoption, write new name):-

(a) Name of the Child

(b) Aadhaar No. (if available):

4*. Mother's Details (If known):-

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

5*. Father's Details (If known):-

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

6. Details of adoption deed/order:-

(a) Date:

(b) Number of Adoption deed / order:

7. Adoptive Mother's Details:-

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

8. Adoptive Father's Details:-

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

9. Address of adoptive parents as recorded in Adoption deed / order: House No. Locality: Ward number (in case of town and if available): 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): Sub-district: District: 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. Hospital/ Institution Name:

2. House 3. Other place Address: House No. Locality: Ward number (in case of town and if available): Sub-district: District: State or Union Territory: PIN Code:

12. If adoption through agency write the address of the Adoption agency: House No. Locality: Ward number (in case of town and if available): Sub-district: District: State or Union Territory: PIN Code:

13. Informant's Details:-

(a) 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): Sub-district: District: State or Union Territory: PIN Code:

*As contained in the original birth certificate.

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 authentication.

(After completing all columns 1 to 18, informant will put date and signature)

Date:

Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. :

Registration Date:

Registration Unit:

Town / Village: Sub-District:

District:

Remarks (if any):

Name and Signature of the Registrar

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI

FORM 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

To be detached and sent for statistical processing

To be filled by the informant

14. For Religion [Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other" (Please specify)]

(a) Religion of Adoptive Father:

(b) Religion of Adoptive Mother:

15. Adoptive Father's level of education:

16. Adoptive Mother's level of education:

17. Adoptive Father's Occupation:

18. Adoptive Mother's Occupation:

(Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

District: Name: Code No:

Sub-District:

Town/Village:

Registration Unit:

Registration No. :

Registration Date:

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

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

Item No.	Instructions																									
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 be. 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.																									
3,4,5,7,8,13	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].																									
9,10,11,12,13	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.																									
15,16	Level of Education – Write one of following— <table border="1"> <tbody> <tr> <td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16.Bachelor Undergraduate</td><td>21. Literate without formal education</td></tr> <tr> <td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr> <tr> <td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr> <tr> <td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr> <tr> <td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma Certificate</td><td>20. Doctorate & above</td><td></td></tr> </tbody> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	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	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	20. Doctorate & above	
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17,18	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 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.

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI

FORM NO.2 (See rule 5)

DEATH REPORT

Legal information

[SEE REVERSE FOR INSTRUCTIONS]

This part to be added to the Death Register

To be filled by the informant

1. Date of Death :
2. Deceased's Details:-
 - (a) Name:
 - (b) Aadhaar No. (if available):
 - (c) Date of Birth (if available):
 - (d) Age:
 3. Sex (Enter "Male" or "Female" or "Transgender person"):
 4. Mother's Details:-
 - (a) Name:
 - (b) Aadhaar No. (if available):
 - (c) Mobile No.:
 - (d) Email Id:
 5. Father's Details:-
 - (a) Name:
 - (b) Aadhaar No. (if available):
 - (c) Mobile No.:
 - (d) Email Id:
 6. Spouse's (husband / wife) Details:-
 - (a) Name:
 - (b) Aadhaar No. (if available):
 - (c) Date of Birth (if available):
 - (d) Age (in completed years):
 - (e) Mobile No.:
 - (f) Email Id:
 7. Address of the deceased at the time of death: House No.:

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

Town or Village: Sub-district: District:

State or Union Territory: PIN Code:
 8. Permanent address of the deceased: House No.:

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

Town or Village: Sub-district: District:

State or Union Territory: PIN Code:
 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:

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:-
 - (a) 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:

State or Union Territory: PIN Code:

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 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)

Date: Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No.:

Registration Date:

Registration Unit:

Town / Village:

Sub-District:

District:

Remarks (if any):

Cause of Death (as per Form 4 / 4A):

Name and Signature of the Registrar

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI

FORM NO.2 (See rule 5)

DEATH REPORT

Statistical information

[SEE REVERSE FOR INSTRUCTIONS]

This part to be detached and sent for statistical processing

To be filled by the informant

11. Town or village of Residence of the deceased (Place where the deceased usually lived. This can be different from the place where the death occurred. Tick appropriate entry "Town" or "Village" and write its name):
Town or Village: Sub-district:
District: State or Union Territory:
PIN Code:
12. Religion (Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other" (Please specify)):
13. Occupation of the deceased:
14. Type of Medical Attention received before death (Tick the appropriate entry below):
1. Institutional
2. Medical attention other than Institution
3. No Medical attention
15. Was the cause of death medically certified? (Tick the appropriate entry below):
1. Yes 2. No
16. Name of Disease or Actual Cause of Death (For all deaths irrespective of whether medically certified or not):
17. In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy (Tick the appropriate entry below):
1. Yes 2. No
18. If used to habitually smoke – for how many years?
19. If used to habitually chew tobacco in any form – for how many years?
20. If used to habitually chew arecanut in any form (including pan masala) – for how many years?
21. If used to habitually drink alcohol – for how many years?

To be detached and sent for statistical processing

(Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

District	Name	Code No.
Sub-District		
Town/Village		

Registration Unit:

Registration No.:

Registration Date:

Date of Death:

Sex: Male / Female / Transgender person

Age of deceased:

Place of death: 1. Hospital/Institution 2. House 3. Other place

Name and Signature of the Registrar

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 abbreviation.
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 place" where the death took place.
11	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.

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI

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

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:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

4. Mother's Details:-

(a) Name:

(b) Aadhaar No. (if available):

(c) 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: District:

State or Union Territory: PIN Code:

6. Informant's Details:

(a) 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:

State or Union Territory: PIN Code:

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 authentication.

(After completing all columns 1 to 12, informant will put date and signature)

Date: Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No. :

Registration Date:

Registration Unit :

Town / Village:

Sub-District:

District:

Remarks (if any):

Name and Signature of the Registrar

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI

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

7. Town or village of Residence of the mother (Place 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 name):

Town or Village: Sub-district:

District: State or Union Territory:

PIN Code:

8. Age of the mother (in completed years) at the time of this birth :

9. Mother's level of education:

10. Type of attention at delivery (Tick the appropriate entry below):

1. Institutional-Government
2. Institutional - Private or Non-Government
3. Doctor, Nurse or Trained Midwife
4. Traditional Birth Attendant
5. Relatives or others

11. Duration of pregnancy (in weeks) :

12. Cause of foetal death (if known):

(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)

To be detached and sent for statistical processing

(Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

	Name	Code No.
District		
Sub-District		
Town/Village :		

Registration Unit :

Registration No. :

Registration Date:

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

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, 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.																									
5	For Place of birth 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 place" where the birth took place.																									
7	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.																									
9	Level of Education – Write one of following— <table border="1"> <tbody> <tr> <td>1.Pre-Primary</td><td>6.Class 5</td><td>11.Class 10</td><td>16.Bachelor Undergraduate</td><td>21. Literate without formal education</td></tr> <tr> <td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr> <tr> <td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr> <tr> <td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr> <tr> <td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma Certificate</td><td>20. Doctorate & above</td><td></td></tr> </tbody> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	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	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	20. Doctorate & above	
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12.	Cause of foetal death – Write one of following— <table border="1"> <tbody> <tr> <td>1. Bleeding (Hamorrhage)</td><td>7. Diabetes in the mother</td><td>13. Infection in the mother Parvovirus B19</td></tr> <tr> <td>2. Problems with Placental</td><td>8. Infection in the mother Coxsackie virus</td><td>14. Infection in the mother Q fever</td></tr> <tr> <td>3. Problem with umbilical cord</td><td>9. Infection in the mother Herpes simplex</td><td>15. Infection in the mother Rubella (German measles)</td></tr> <tr> <td>4. Pre-eclampsia</td><td>10. Infection in the mother Leptospirosis</td><td>16. Infection in the mother Flu</td></tr> <tr> <td>5. Genetic physical defect in the baby</td><td>11. Infection in the mother Lyme disease</td><td>17. Infection in the mother Toxoplasmosis</td></tr> <tr> <td>6. Liver disorder in the mother (obstetriccholestas)</td><td>12. Infection in the mother Malaria</td><td>18. Not stated</td></tr> </tbody> </table>	1. Bleeding (Hamorrhage)	7. Diabetes in the mother	13. Infection in the mother Parvovirus B19	2. Problems with Placental	8. Infection in the mother Coxsackie virus	14. Infection in the mother Q fever	3. Problem with umbilical cord	9. Infection in the mother Herpes simplex	15. Infection in the mother Rubella (German measles)	4. Pre-eclampsia	10. Infection in the mother Leptospirosis	16. Infection in the mother Flu	5. Genetic physical defect in the baby	11. Infection in the mother Lyme disease	17. Infection in the mother Toxoplasmosis	6. Liver disorder in the mother (obstetriccholestas)	12. Infection in the mother Malaria	18. Not stated							
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Note: The informant must ensure that no item in the Still Birth Report Form is left blank to the extent possible.