



**ITANAGAR MUNICIPAL COUNCIL
NAHARLAGUN**

FORM No. 1

**BIRTH REPORT
Legal information**

This part is to be added to the Birth Register

**BIRTH REPORT
Statistical information**

This part to be detached and sent for statistical processing

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.

<p>To be filled by the informant</p> <p>1. Date of Birth : (Enter the exact day, month and year the birth took place (e.g. 01/01/2013):</p> <p>2. Sex : (Enter "Male" or "Female" (do not use abbreviation) :</p> <p>3. Name of the Child if any (if not named, leave blank)</p> <p>4. Name of the father (Full name is usually written)</p> <p>5. Name of the mother (Full name as usually written).....</p> <p>6. Place of birth : (Tick the appropriate entry 1 or 2 below and give the name of the Hospital/ Institution or the address of the house where the birth took place.)</p> <p>1. Hospital/ Institution Name :</p> <p>2. House Address :</p> <p>7. (i) Informant's name :</p> <p>Address :</p> <p>(ii) Permanent address of the parents : Vill</p> <p>PC..... P/S.....</p> <p>Dist..... State.....</p> <p>(iii) Address of the parents at the time of birth :</p> <p>Ward No..... Sector/ Area.....</p> <p>Signature or left thumb mark of the informant.</p> <p>8. Recommendation by concern Name of informant :</p> <p>Date:</p>	<p>To be filled by the informant</p> <p>9. 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)</p> <p>(a) Name of Town/ Village :</p> <p>(b) Is it a town/ village (Tick the appropriate entry below)</p> <p>1. Town 2. Village</p> <p>(c) Name of District :</p> <p>(d) Name of State :</p> <p>10. Religion of the family : (Tick the appropriate entry below)</p> <p>1. Hindu 2. Muslim 3. Christian</p> <p>1. Any other religion. (Write name of the religion)</p> <p>11. Father's level of education : (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p>12. Mother's level of education : (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p>13. Father's Occupation :</p> <p>(if no occupation write "Nil")</p> <p>14. Mother's occupation :</p> <p>(if no occupation write "Nil")</p>	<p>To be filled by the informant</p> <p>15. Age of the mother (in completed years) at the time of marriage : (if married more than once, age at first marriage may be entered)</p> <p>16. Age of Mother : (in completed years) at the time of this birth</p> <p>17. 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)</p> <p>18. Type of attention at delivery : (Tick the appropriate entry below)</p> <p>1. Institutional - Government</p> <p>2. Institutional - Private or Non-Government</p> <p>3. Doctor, Nurse or Trained mid wife</p> <p>4. Traditional Birth Attendant</p> <p>5. Relatives or other.</p> <p>19. Method of Delivery (Tick the appropriate entry below)</p> <p>1. Natural.</p> <p>2. Caesarean</p> <p>3. Forceps/ Vacuum</p> <p>20. Birth Weight (in kg) (if available)</p> <p>21. Duration of pregnancy (in weeks)</p> <p align="center">(Columns to be filled are over, now put signature at left)</p>
<p>To be filled by the Registrar</p> <p>Registration No..... Registration Date.....</p> <p>Registration Unit.....</p> <p>Town/ Village..... District.....</p> <p>Remarks (if any).....</p> <p align="right">Name and Signature of the Registrar</p>	<p>To be filled by the Registrar</p> <p>Name :</p> <p>Code No.....</p> <p>District :</p> <p>Tehsil :</p> <p>Town/ Village.....</p> <p>Registration Unit.....</p>	<p>To be filled by the Registrar</p> <p>Registration No..... Registration Date.....</p> <p>Date of Birth..... Sex : 1. Male 2. Female</p> <p>Place of Birth: 1. Hospital/Institution 2. House 3. Other place</p> <p align="right">Name and Signature of the Registrar</p>

To be detached and sent for statistical processing

[See Rule 13 (d)]
BIRTH REPORT FORM