

FORM NO.1  
(See Rule 5)  
**BIRTH REPORT**  
Legal information  
[SEE REVERSE FOR INSTRUCTIONS]  
This part to be added to the Birth Register

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

1. **Date of Birth :**

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

3. **Child's Details** (If not named, leave blank) :-  
(a) **Name, if any :**     
(b) **Aadhaar No, if available:**

4. **Father's Details:-**  
(a) **Name:**     
(b) **Aadhaar No., if available:**   
(c) **Mobile No:**   
(d) **Email Id:**

5. **Mother's Details:-**  
(a) **Name:**     
(b) **Aadhaar No., if available:**   
(c) **Mobile No:**   
(d) **Email Id:**

6. **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:

7. **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:

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):  
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:

9. **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 (Amendment) Act, 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)

To be detached and sent for statistical processing

To be filled by the informant

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. Tick appropriate entry "Town" or "Village" and write its name):  
Town or Village:  Sub-district:   
District:  State or Union Territory:   
PIN Code:

11. **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:**

12. **Father's level of education:**

13. **Mother's level of education:**

14. **Father's Occupation:**

15. **Mother's Occupation:**

16. **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):

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

18. **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) :

19. **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 ☐

20. **Method of Delivery** (Tick the appropriate entry below):  
1. Natural ☐  
2. Caesarean ☐  
3. Forceps/Vacuum ☐

21. **Birth Weight (in kgs.)** (if available) :

22. **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.)

**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**

(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 e.g 01-01-2023. 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. 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	<p>Tick the appropriate entry for place of birth</p> <ol style="list-style-type: none"> <li>1. Hospital / Institution</li> <li>2. House</li> <li>3. Other place</li> </ol> <p>Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the birth took place.</p>																									
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	<p>Level of Education – Write one of following—</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 20%;">1.Pre-Primary</td><td style="width: 20%;">6.Class 5</td><td style="width: 20%;">11.Class 10</td><td style="width: 20%;">16. Bachelor Undergraduate</td><td style="width: 20%;">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 &amp; above</td><td></td></tr> </tbody> </table> <p>(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p>	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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14, 15	<p>Occupation - Write one of following—</p> <ol style="list-style-type: none"> <li>1. Cultivator</li> <li>2. Agriculture Labourer</li> <li>3. Daily Wages Earner(Other than Agriculture Labourer)</li> <li>4. Single/Family Worker/Self Employed</li> <li>5. Employer</li> <li>6. Government Employee</li> <li>7. Private Employee(Other than Domestic Helper)</li> <li>8. Domestic Helper</li> <li>9. Non-Worker</li> </ol>																									

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