

ANNEXURE-I

Document to be enclosed:

- i) Information in the form of certificate from Nursing Home/Private Hospital, if born in Nursing Home/Private Hospital within 21 days in Form No. 1 & 3
- ii) Information to Registrar from sources other than Nursing Home and Private Hospital within 21 days in form No. 1
- iii) Approval of Local Revenue Authority not below the rank of Circle Officer, if applied after 30 days but within 6 months of birth.
- iv) Affidavit along with written permission of the prescribed authority for delayed information after six months and within one year.
- v) Order of a Magistrate of 1st Class if any birth has been has not been registered within one year for delayed registration.

FORM NO. 1 BIRTH REPORT
 প্র-পত্র নং-১ (জন্ম প্রতিবেদন)
 Legal Information
 (বিধিসম্মত তথ্য)
 This part to be added to birth Register
 (এই অংশ পঞ্জীনিবন্ধনত সংলগ্ন
 কৰক)

To be filled by the informant/বার্তা বাহকে ভৰ্তি কৰিব

1. Date of Birth/জন্মৰ তাৰিখঃ
2. Sex : Male/পুৰুষঃ Female/মহিলাঃ
3. Name of the child/শিশুৰ নামঃ
4. Name of the father/পিতৃৰ নামঃ
5. Name of the mother/মাতৃৰ নামঃ
6. Place of birth/জন্মৰ স্থানঃ
 1. Hospital/Institution
(টিকিতসালয়/সংস্থা)
Name/নাম :
 2. House/ঘৰঃ
Address/ঠিকনাঃ
7. Informant's name:
(সংবাদ দাতাৰ নাম)
Address/ঠিকনাঃ
8. Address of the parents at the time of birth of the child:
শিশুটিৰ জন্মৰ সময়ত পিতৃ-মাতৃৰ ঠিকনা
9. Permanent address of the parents
(পিতৃ-মাতৃৰ স্থায়ী ঠিকনা)
Signature or left thumb mark of the informant
Date/দিনাংকঃ বা বাওঁফালৰ বুঢ়া আঙুলিৰ টিপচহী

To be filled by the Registrar (পঞ্জীয়কে ভৰ্তি কৰিব)

Registration No. :
 Registration Date :
 পঞ্জীয়ন সংখ্যাঃ পঞ্জীয়ন তাৰিখঃ
 Registration unit:
 পঞ্জীয়ন গোটঃ District/জিলাঃ
 Town/Village:
 চহৰ/গাওঁ:
 Remarks (if any)
 মন্তব্য (যদি আছে)
 Name and Signature of the Registrar
 পঞ্জীয়কৰ নাম আৰু চহী

BIRTH REPORT (জন্মৰ প্ৰতিবেদন)

Statistical Information
 (পৰিসংখ্যান সংক্রান্ত তথ্য)

This part to be detached and sent for statistical processing
 (এই অংশ বিচ্ছিন্ন কৰি পৰিসংখ্যান সংক্রান্ত পৰোৱানাৰ কাৰণে পথাওক)

To be filled by the informant/সংবাদ দাতাই ভৰ্তি কৰিব

10. Town or village of Residence of the mother:
(মাতৃৰ নিবাস গাওঁ বা চহৰঃ)
 - (a) Name of Town/Village :
(চহৰ বা গাওঁৰ নাম)
 - (b) Is it a Town or Village(Tick the appropriate entry below):
চহৰ বা গাওঁ হয়নে(সমুচিত স্থানত √ চিহ্ন দিয়ক):
1. Town/চহৰ 2. Village/গাওঁ
 - (c) Name of District/জিলাৰ নামঃ
 - (d) Name of State/ৰাজ্যৰ নামঃ
11. Religion of the family (Tick the appropriate entry below) :
পৰিয়ালৰ ধৰ্মৰ (সমুচিত স্থানত √ চিহ্ন দিয়ক):
1. Hindu/হিন্দু 2. Muslim/মুছলমান 3. Christian/খ্ৰীষ্টিয়ান
অন্য কোনো ধৰ্ম (ধৰ্মৰ নাম উল্লেখ কৰক)
12. Father's level of Education/পিতৃৰ শিক্ষাৰ মানদণ্ডঃ
13. Mother's level of Education/মাতৃৰ শিক্ষাৰ মানদণ্ডঃ
14. Father's occupation/পিতৃৰ জীৱিকাঃ
15. Mother's occupation/মাতৃৰ জীৱিকাঃ

To be filled by the Registrar

Name/নামঃ Code No.
 District/জিলাঃ
 Tahsil
 Town/Village/চহৰ/গাওঁ :
 Registration unit:

In case of multiple birth, fill in separate form for each child and write twin birth or "Triple Birth" etc. as the case may be in the remarks column in the bon below. Left. (বেশ জন্মৰ ক্ষেত্ৰত সংবাদ দাতায়ে প্ৰত্যেক জন্মৰ বাবে পৃথকে প্ৰ-পত্ৰ পূৰ্ণ কৰিব আৰু মন্তব্যৰ ঘৰত দ্বি জন্ম বা ত্ৰি জন্ম ইত্যাদি উল্লেখ কৰিব)

16. Age of the mother at the time of marriage (in completed years):
বিবাহৰ সময়ত মাতৃৰ সম্পূৰ্ণ বছৰ

1. Yes/হয়
2. No/নহয়

17. Age of the mother at the time of birth (in completed years):
এইটো জন্মৰ সময়ত মাতৃৰ বয়স (সম্পূৰ্ণ বছৰ)

18. Number of Children born alive to the mother so far including this child/এই জন্মৰ লগতে মাতৃৰ জীৱিত শিশুৰ সংখ্যা

18. Type of attention at delivery (Tick the appropriate entry below):
প্ৰসৱৰ সময়ত লোৱা মনোযোগ শ্ৰেণী (সমুচিত স্থানত √ চিহ্ন দিয়ক):

1. Institutional-Government/চৰকাৰীঃ
Private/Non-government
ব্যক্তিগত/বে-চৰকাৰী
2. Doctor Nurse or Trained midwife
ডাক্তাৰ, নাৰ্ছ বা প্ৰশিক্ষণপ্ৰাপ্ত ধাই
3. Traditional Birth Attendant
পৰম্পৰাগত জন্ম সহবৃত্তী অনুচৰ
4. Relatives or other/সম্পৰ্কীয় বা অন্যান্য

19. Method of delivery (Tick the appropriate entry below):
1. Natural/স্বাভাৱিক 2. Caesarean 3. Forceps/Vacuum

20. Birth weight (in kgs) জন্মৰ সময়ত ওজন (কিঃগ্ৰামত):
যদি তামোল বা পাপ মচলা অভ্যাসগত তেন্তে কিমান বছৰৰ পৰা?

21. Duration of Pregnancy (in weeks)/ প্ৰসৱৰ সময় (সপ্তাহত):

(পঞ্জীয়ন ভৰ্তি কৰিব) Registration Date:
 Registration No./ পঞ্জীয়ন নং পঞ্জীয়ন তাৰিখঃ
 Date of Birth/জন্মৰ তাৰিখঃ
 Sex/ লিঙ্গ 1. Male/পুৰুষ
 2. Female/মহিলা

Place of Birth/ জন্মৰ ঠাই
 1. Hospital/টিকিতসালয়
 2. Institution/সংস্থা
 3. House/ঘৰ

Name and Signature of the Registrar
 পঞ্জীয়কৰ নাম আৰু চহী

ANNEXURE-II

Document to be enclosed:

- i) Information in the form of certificate from Nursing Home/Private Hospital, if born in Nursing Home/Private Hospital within 21 days in Form No. 1 & 3
- ii) Information to Registrar from sources other than Nursing Home and Private Hospital within 21 days in form No. 1
- iii) Approval of Local Revenue Authority not below the rank of Circle Officer, if applied after 30 days but within 6 months of birth.
- iv) Affidavit along with written permission of the prescribed authority for delayed information after six months and within one year.
- v) Order of a Magistrate of 1st Class if any birth has been has not been registered within one year for delayed registration.

FORM NO. 1 BIRTH REPORT
 প্র-পত্র নং-১ (জন্ম প্রতিবেদন)
 Legal Information (বিধিসম্মত তথ্য)
 This part to be added to birth Register (এই অংশ পঞ্জীনিবন্ধনত সংলগ্ন কৰক)

To be filled by the informant/বার্তা বাহকে ভৰ্তি কৰিব

1. Date of Birth/জন্মৰ তাৰিখঃ
2. Sex : Male/পুৰুষঃ Female/মহিলাঃ
3. Name of the child/শিশুৰ নামঃ
4. Name of the father পিতৃৰ নামঃ
5. Name of the mother/মাতৃৰ নামঃ
6. Place of birth/জন্মৰ স্থানঃ
 1. Hospital/Institution (চিকিতসালয়/সংস্থা)
 - Name/নাম :
 2. House/ঘৰঃ
 - Address/ঠিকনাঃ
7. Informant's name: (সংবাদ দাতাৰ নাম)
 Address/ঠিকনাঃ
8. Address of the parents at the time of birth of the child:
 শিশুটিৰ জন্মৰ সময়ত পিতৃ-মাতৃৰ ঠিকনা
9. Permanent address of the parents (পিতৃ-মাতৃৰ স্থায়ী ঠিকনা)
 Signature or left thumb mark Of the informant
 Date/দিনাংকঃ /সংবাদ দাতাৰ চহী
 বা বাওঁফালৰ বুঢ়া আঙুলিৰ টিপচহী

To be filled by the Registrar (পঞ্জীয়কে ভৰ্তি কৰিব)

Registration No. :
 Registration Date :
 পঞ্জীয়ন সংখ্যাঃ পঞ্জীয়ন তাৰিখঃ

Registration unit:
 পঞ্জীয়ন গোটঃ District/জিলাঃ

Town/Village:
 চহৰ/গাওঁ:

Remarks (if any)
 মন্তব্য (যদি আ)

Name and Signature of the Registrar
 পঞ্জীয়কৰ নাম আৰু চহী

BIRTH REPORT (জন্মৰ প্রতিবেদন)
 Statistical Information (পৰিসংখ্যান সংক্রান্ত তথ্য)
 This part to be detached and sent for statistical processing (এই অংশ বিচ্ছিন্ন কৰি পৰিসংখ্যান সংক্রান্ত পৰোয়ানৰ কাৰণে পথাওক)

To be filled by the informant/সংবাদ দাতাই ভৰ্তি কৰিব

10. Town or village of Residence of the mother:
 (মাতৃৰ নিবাস গাওঁ বা চহৰঃ)
 - (e) Name of Town/Village : (চহৰ বা গাওঁৰ নাম)
 - (f) Is it a Town or Village (Tick the appropriate entry below):
 চহৰ বা গাওঁ হয়নে(সমুচিত স্থানত √ চিহ্ন দিয়ক):
 2. Town/চহৰ
 2. Village/গাওঁ
 - (g) Name of District/জিলাৰ নামঃ
 - (h) Name of State/ৰাজ্যৰ নামঃ
11. Religion of the family (Tick the appropriate entry below):
 পৰিয়ালৰ ধৰ্মৰ (সমুচিত স্থানত √ চিহ্ন দিয়ক):
 1. Hindu/হিন্দু
 2. Muslim/মুছলমান
 3. Christian/খ্রীষ্টিয়ান
 4. Any other religion (write name of religion) অন্য কোনো ধৰ্ম (ধৰ্মৰ নাম উল্লেখ কৰক)
12. Father's level of Education/পিতৃৰ শিক্ষাৰ মানদণ্ডঃ
13. Mother's level of Education/মাতৃৰ শিক্ষাৰ মানদণ্ডঃ
14. Father's occupation/পিতৃৰ জীৱিকাঃ
15. Mother's occupation/মাতৃৰ জীৱিকাঃ

To be filled by the Registrar

Name/নামঃ Code

No.

District/জিলাঃ

Tahsil

Town/Village/চহৰ/গাওঁ :

Registration unit:
 পঞ্জীয়ন গোটঃ

In case of multiple birth, fill in separate form for each child and write twin birth or "Triple Birth" etc. as the case may be in the remarks column in the bon below. Left (বেহু জন্মৰ ক্ষেত্ৰত সংবাদ দাতায়ে প্ৰত্যেক জন্মৰ বাবে পৃথকে পৃথকে প্র-পত্র পূৰ্ণ কৰিব আৰু মন্তব্যৰ ঘৰত দ্বি জন্ম বা ত্ৰি জন্ম ইত্যাদি উল্লেখ কৰিব)

16. Age of the mother at the time of marriage (in completed years):
 বিবাহৰ সময়ত মাতৃৰ সম্পূৰ্ণ বছৰ
 2. Yes/হয়
 2. No/নহয়
17. Age of the mother at the time of birth (in completed years):
 এইটো জন্মৰ সময়ত মাতৃৰ বয়স (সম্পূৰ্ণ বছৰ)
18. Number of Children born alive to the mother so far including this child/এই জন্মৰ লগতে মাতৃৰ জীৱিত শিশুৰ সংখ্যা
19. Type of attention at delivery (Tick the appropriate entry below):
 প্ৰসৱৰ সময়ত লোৱা মনোযোগ শ্ৰেণী (সমুচিত স্থানত √ চিহ্ন দিয়ক):
 1. Institutional-Government/চৰকাৰীঃ
 - Private/Non-government ব্যক্তিগত/বে-চৰকাৰী
 2. Doctor Nurse or Trained midwife ডাক্তাৰ, নাৰ্ছ বা প্ৰশিক্ষণপ্ৰাপ্ত ধাই
 3. Traditional Birth Attendant পৰম্পৰাগত জন্ম সহবৃত্তী অনুচৰ
 4. Relatives or other/সম্পৰ্কীয় বা অন্যান্য
20. Method of delivery (Tick the appropriate entry below):
 1. Natural/স্বাভাৱিক
 2. Caesarean
 3. Forceps/Vacuum
21. Birth weight (in kgs) জন্মৰ সময়ত ওজন (কিঃগ্ৰামত):
 (যদি তামোল বা পাণ মচলা অভ্যাসগত তেন্তে কিমান বছৰৰ পৰা?)
22. Duration of Pregnancy (in weeks)/ প্ৰসৱৰ সময় (পেণ্ডাহত):

(পঞ্জীয়ন ভৰ্তি কৰিব) Registration Date:
 Registration No./ পঞ্জীয়ন নং পঞ্জীয়ন তাৰিখঃ
 Date of Birth/জন্মৰ তাৰিখঃ
 Sex/ লিঙ্গ 1. Male/পুৰুষ
 2. Female/মহিলা

Place of Birth/ জন্মৰ ঠাই
 4. Hospital/চিকিতসালয়
 5. Institution/সংস্থা
 6. House/ঘৰ

Name and Signature of the Registrar
 পঞ্জীয়কৰ নাম আৰু চহী

ANNEXURE-III

Document to be enclosed:

- i) Information in the form of certificate from Nursing Home/Private Hospital, if expired in Nursing Home/Private Hospital within 21 days in Form No. 2, 4 & 4A
- ii) Information to Registrar from sources other than Nursing Home and Private Hospital within 21 days in form No. 2, 4 & 4A
- iii) Approval of Local Revenue Authority not below the rank of Circle Officer, if applied after 30 days but within 6 months of death.
- iv) Affidavit along with written permission of the prescribed authority for delayed information after six months and within one year.
- v) Order of a Magistrate of 1st Class if any death has been has not been registered within one year for delayed registration. Order of a Magistrate of 1st Class if any death has not been registered within one year for delayed registration.

FORM NO. 2 DEATH REPORT
প্র-পত্র নং-২ (মৃত্যুর প্রতিবেদন)
Legal Information
(বিধিসম্মত তথ্য)
This part to be added to Death Register
(এই অংশ মৃত্যু পঞ্জীনিবন্ধনত

সংলগ্ন কৰক)

To be filled by the informant/বার্তা বাহকে ভৰ্তি কৰিব

1. Date of Death/মৃত্যুৰ তাৰিখঃ
2. Name of the deceased/মৃতকৰ নামঃ
3. Sex of the deceased/মৃতকৰ লিংগঃ
4. Age of the deceased/মৃতকৰ বয়সঃ
5. Place of death (Tick the appropriate place):
মৃত্যুৰ স্থান (সমুচিত স্থান √ চিহ্ন দিয়ক):
1. Hospital/Institution
(চিকিতসালয়/সংস্থা)
Name/নাম :
2. House/ঘৰঃ
Address/ঠিকনাঃ
3. Other place/অন্য ঠাইঃ

6. Informant's name:
(সংবাদ দাতাৰ নাম)
7. Town or village of Residence of the deceased:
মৃতকৰ নিবাস গাওঁ বা চহৰঃ
a) Name of Town/Village:
চহৰ বা গাওঁৰ নামঃ

ঠিকনাঃ

Signature or left thumb mark

তাৰিখঃ

Of the informant/সংবাদ

দাতাৰ চহী

বা বাওঁফালৰ বুঢ়া আঙুলিৰ টিপচহী

**To be filled by the Registrar
(পঞ্জীয়কে ভৰ্তি কৰিব)**

Registration No. :
Registration Date :

পঞ্জীয়ন সংখ্যাঃ পঞ্জীয়ন তাৰিখঃ

Registration unit:
পঞ্জীয়ন গোটঃ District/জিলাঃ

Town/Village:
চহৰ/গাওঁ:

Remarks (if any)
মন্তব্য (যদি আছে)

Name and Signature of the Registrar

পঞ্জীয়কৰ নাম আৰু চহী

To be filled by the informant/সংবাদ দাতাই ভৰ্তি কৰিব

- b) Is it a Town or Village (Tick the appropriate entry below):
ই চহৰ বা গাওঁ হ'বনে (সমুচিত স্থান √ চিহ্ন দিয়ক):
1. Town/চহৰ
2. Village/গাওঁ

- c) Name of District/জিলাৰ নামঃ
- d) Name of State/ৰাজ্যৰ নামঃ

8. Address of the deceased at the time of Death:
(মৃত্যুৰ সময়ত মৃতকৰ ঠিকনা)

9. Permanent Address of the deceased:
(মৃতকৰ স্থায়ী ঠিকনা)

10. Religion (Tick the appropriate entry below):
ধৰ্ম (সমুচিত স্থানত √ চিহ্ন দিয়ক):

1. Hindu/হিন্দু 2. Muslim/মুছলমান 3.

Christian/খ্ৰীষ্টিয়ান

4. Any other religion (write name of religion)
অন্য কোনো ধৰ্ম (ধৰ্মৰ নাম উল্লেখ কৰক)

11. Occupation of the deceased/মৃতকৰ জীৱিকাঃ

12. Type of medical attention received before death
(Tick the appropriate entry below) মৃত্যুৰ আগতে

লোৱা মনোযোগ শ্ৰেণী (সমুচিত স্থানত √ চিহ্ন দিয়ক)

1. Institutional/সংস্থাঃ
2. Medical attention other than institution/সংস্থাৰ বাহিৰে চিকিতসালয় মনোযোগ
3. No Medical attention/চিকি সালয় মনোযোগবিহীনঃ

To be filled by the Registrar

Name/নামঃ

Code No.

District/জিলাঃ

Tahsil

Town/Village/চহৰ/গাওঁ :

Registration unit:

পঞ্জীয়ন গোটঃ

DEATH REPORT (মৃত্যুৰ প্রতিবেদন)

Statistical Information

(পৰিসংখ্যান সংক্রান্ত তথ্য)

This part to be detached and sent for statistical processing

(এই অংশ বিচ্ছিন্ন কৰি পৰিসংখ্যান সংক্রান্ত পৰ্যবেক্ষণৰ কাৰণে পথাওক)

13. Was the cause of death medically certified?
(চিকিতসালয় দ্বাৰা মৃত্যুৰ কাৰণ প্রমাণিতনে ?)

1. Yes/হয়

2. No/নহয়

14. Name of disease or actual cause of Death:
(বেমাৰৰ নাম বা মৃত্যুৰ আচল কাৰণ)

15. 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)

যদি মৃতক মহিলা হয়, তেন্তে এনে মৃত্যু গৰ্ভৱতী অৱস্থাত, প্ৰসৱৰ সময়ত বা গৰ্ভধাৰণৰ ৬ সপ্তাহৰ পিছত হৈছিলনে)

(সমুচিত স্থানত √ চিহ্ন দিয়ক)

1. Yes/হয়

2. No/নহয়

16. If used to habitually smoke for how many years?
(যদি ধপাত সেৱন অভ্যাসগত তেন্তে কিমান বছৰলৈ এই অভ্যাস)

17. If used to habitually chew tobacco in any form for how many years?
(যদি ধপাত সেৱন চুহি খোৱা অভ্যাস আছে তেন্তে কিমান বছৰ ?)

18. If used to habitually chew areanut in any form (including panmasala) for how many years?
(যদি তামোল বা পাণ মচলা অভ্যাসগত তেন্তে কিমান বছৰ পৰা?)

19. If used to habitually drink alcohol for how many years? (যদি মদ খোৱা অভ্যাসগত তেন্তে কিমান বছৰ পৰা ?)

(পঞ্জীয়ন ভৰ্তি কৰিব)

Registration Date:

Registration No./ পঞ্জীয়ন নং

পঞ্জীয়ন তাৰিখঃ

Date of Death/মৃত্যুৰ তাৰিখঃ

Age/ বয়স

years/months/days/hours

বছৰ মাহ দিন ঘণ্টা 1. Male/পুৰুষ

Place of Death/ মৃত্যুৰ তাৰিখ

2. Female/মহিলা

7. Hospital/চিকিতসালয়

8. Institution/সংস্থা

9. House/ঘৰ

10. Other/অন্য

Place/ঠাই

Name and Signature of the Registrar

পঞ্জীয়কৰ নাম আৰু চহী

ANNEXURE-IV

Document to be enclosed:

- 1.Information in the form of certificate from Nursing Home/Private Hospital, if expired in Nursing Home/Private Hospital within 21 days in Form No. 2, 4 & 4A
- 2.Information to Registrar from sources other than Nursing Home and Private Hospital within 21 days in form No. 2, 4 & 4A
- 3.Approval of Local Revenue Authority not below the rank of Circle Officer, if applied after 30 days but within 6 months of death.
- 4.Affidavit along with written permission of the prescribed authority for delayed information after six months and within one year.
- 5.Order of a Magistrate of 1st Class if any death has been has not been registered within one year for delayed registration. Order of a Magistrate of 1st Class if any death has not been registered within one year for delayed registration.

FORM NO. 2 DEATH REPORT
 প্র-পত্র নং-২ (মৃত্যুর প্রতিবেদন)
 Legal Information
 (বিধিসম্মত তথ্য)
 This part to be added to Death Register
 (এই অংশ মৃত্যু পঞ্জীনিবন্ধনত সংলগ্ন করক)

To be filled by the informant/বার্তা বাহকে ভর্তি কবিব

- 1.Date of Death/মৃত্যুর তারিখঃ
 - 2.Name of the deceased/মৃতকৰ নামঃ
 - 3.Sex of the deceased/মৃতকৰ লিংগঃ
 - 4.Age of the deceased/মৃতকৰ বয়সঃ
 - 5.Place of death (Tick the appropriate place):
 মৃত্যুর স্থান (সমুচিত স্থান √ চিহ্ন দিয়ক):
 1.Hospital/Institution
 (চিকিতসালয়/সংস্থা)
 Name/নাম :
 2.House/ঘৰঃ
 Address/ঠিকনাঃ
 3.Other place/অন্য ঠাইঃ
 - 5.Informant's name:
 (সংবাদ দাতার নাম)
 - 6.Town or village of Residence of the deceased:
 মৃতকৰ নিবাস গাওঁ বা চহৰঃ
 a)Name of Town/Village:
 চহৰ বা গাওঁৰ নামঃ
- ঠিকনাঃ
 Signature or left thumb mark
 তারিখঃ Of the
 informant/সংবাদ দাতার চহী
 বা বাওঁফালৰ বুঢ়া আঙুলিৰ টিপচহী

**To be filled by the Registrar
 (পঞ্জীয়কে ভর্তি কবিব)**

- Registration No. :
 Registration Date :
 পঞ্জীয়ন সংখ্যাঃ পঞ্জীয়ন তারিখঃ
 Registration unit:
 পঞ্জীয়ন গোটঃ District/জিলাঃ
 Town/Village:
 চহৰ/গাওঁ:
 Remarks (if any)
 মন্তব্য (যদি আছে)
- ame and Signature of the Registrar
 পঞ্জীয়কৰ নাম আৰু চহী

To be filled by the informant/সংবাদ দাতাই ভর্তি কবিব

- b)Is it a Town or Village (Tick the appropriate entry below):
 ই চহৰ বা গাওঁ হয়নে (সমুচিত স্থান √ চিহ্ন দিয়ক):
 1.Town/চহৰ 2.Village/গাওঁ
- c)Name of District/জিলাৰ নামঃ
 d)Name of State/ৰাজ্যৰ নামঃ
- 7.Address of the deceased at the time of Death:
 (মৃত্যুৰ সময়ত মৃতকৰ ঠিকনা)
 8.Permanent Address of the deceased:
 (মৃতকৰ স্থায়ী ঠিকনা)
 9.Religion (Tick the appropriate entry below):
 ধৰ্ম (সমুচিত স্থানত √ চিহ্ন দিয়ক):
 1. Hindu/হিন্দু 2.Muslim/মুছলমান 3. Christian/খ্রীষ্টিয়ান
 4. Any other religion (write name of religion)
 অন্য কোনো ধৰ্ম (ধৰ্মৰ নাম উল্লেখ কৰক)
- 10.Occupation of the deceased/মৃতকৰ জীৱিকাঃ
 11.Type of medical attention received before death
 (Tick the appropriate entry below)/মৃত্যুৰ আগতে লোৱা মনোযোগ
 শ্ৰেণী (সমুচিত স্থানত √ চিহ্ন দিয়ক)
 1. Institutional/সংস্থাঃ
 2. Medical attention other than institution/সংস্থাৰ বাহিৰে
 চিকিতসালয় মনোযোগ
 3. No Medical attention/চিকি সালয় মনোযোগবিহীনঃ

To be filled by the Registrar

- Name/নামঃ Code No.
 District/জিলাঃ
 Tahsil
 Town/Village/চহৰ/গাওঁ :
 Registration unit:
 পঞ্জীয়ন গোটঃ

DEATH REPORT (মৃত্যুৰ প্রতিবেদন)

Statistical Information
 (পৰিসংখ্যান সংক্রান্ত তথ্য)

This part to be detached and sent for statistical processing
 (এই অংশ বিচ্ছিন্ন কৰি পৰিসংখ্যান সংক্রান্ত পৰোৱানাৰ কাৰণে পথাওক)

- 12.Was the cause of death medically certified?
 (চিকিতসালয় দ্বাৰা মৃত্যুৰ কাৰণ প্ৰমাণিতনে ?)
 3. Yes/হয় 2. No/নহয়
- 13.Name of disease or actual cause of Death:
 (ৰোগৰ নাম বা মৃত্যুৰ আচল কাৰণ)
 14.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)
 (যদি মৃতক মহিলা হয়, তেন্তে এনে মৃত্যু গৰ্ভৱতী অৱস্থাত, প্ৰসৱৰ সময়ত বা গৰ্ভধাৰণৰ ৬ সপ্তাহৰ পিছত হৈছিলনে)
 (সমুচিত স্থানত √ চিহ্ন দিয়ক)
 1. Yes/হয় 2. No/নহয়
- 15.If used to habitually smoke for how many years?
 (যদি ধপাত সেৱন অভ্যাসগত তেন্তে কিমান বছৰলৈ এই অভ্যাস)
 16.If used to habitually chew tobacco in any form for how many years?
 (যদি ধপাত সেৱন চুই খোৱা অভ্যাস আছে তেন্তে কিমান বছৰ ?)
 17.If used to habitually chew areeanut in any form (including panmasala) for how many years?
 (যদি তামোল বা পাণ মচলা অভ্যাসগত তেন্তে কিমান বছৰৰ পৰা?)
 18.If used to habitually drink alcohol for how many years? (যদি মদ খোৱা অভ্যাসগত তেন্তে কিমান বছৰৰ পৰা ?)

(পঞ্জীয়ন ভর্তি কবিব) Registration Date:
 Registration No./ পঞ্জীয়ন নং পঞ্জীয়ন তারিখঃ

Date of Death/মৃত্যুৰ তারিখঃ
 Age/ বয়স years/months/days/hours
 বছৰ মাহ দিন ঘণ্টা 1. Male/পুৰুষ

- Place of Death/ মৃত্যুৰ তাৰিখ 2.
 Female/মহিলা
 11. Hospital/চিকিতসালয়
 12. Institution/সংস্থা
 Signature of the Registrar Name and
 13. House/ঘৰ
 পঞ্জীয়কৰ নাম আৰু চহী
 14. Other/অন্য
 Place/ঠাই

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)

The Hospitalhereby Certify that the person whose particulars are given below died in the Hospital in Ward No. onat..... A.M. / P.M.

NAME OF DECEASED

For use of Statistical Office

Sex

Age at Death

If 1 year or more, age in years

If less than 1 year, age in Months

If less than 1 month, age in Days

If less than one day, age in Hours

1. Male

2. Female

CAUSED OF DEATH

Interval between on set & death approx.

I.

Immediate cause

State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.

(a) due to(or as a consequences of)

Antecedent cause

Morrid conditions, if any, giving rise to he above Cause, stating underlying condition last

(b) due to (or as a consequences of)

(c).....

II.

Other significant conditions contributing to the death but not related to the disease or conditions causing it

How did the injury occur ?

Year of death

1. Natural 2. Accident 3. Sucide 4. Homicide pending investigation.

If deceased was a female was pregnancy the death associated with ? 1. Yes

2. No

If yes, was there a delivery ?

1. Yes

2. No

Name and Signature of the Medical Practitioner certifying the cause of death

Date of certification

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certify that Shri/Smt./Kum..... S/W/D of Shri

..... was admitted to this Hospital on and on

Doctor.....

(Medical Suptd..... name of Hospital)

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

I hereby certify that the deceased Shri/Smt./Kum..... Son of / Wife of / Daughter of resident of was under my treatment from to and he/she died on at A.M. / P.M.

NAME OF DECEASED
D
Sex

For use of Statistical Office

	Age in completed years	If less than 1 year, age in Months	If less than 1 month, age in Days	Age at Death If less than one day, age in Hours
1. Male				
2. Female				

CAUSED OF DEATH

Interval between onset & death approx.

I.
Immediate cause
State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc. (a) due to (or as a consequences of)

Antecedent cause
Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last (b) due to (or as a consequences of)

(c).....

II.
Other significant conditions contributing to the death but not related to the disease or conditions causing it

If deceased was a female was pregnancy the death associated with ? 1. Yes 2. No

If yes, was there a delivery ? 1. Yes 2. No

Name and Signature of the Medical Practitioner certifying the cause of death
Date of certification

SEE RESERVE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certify that Shri/Smt./Kum..... S/W/D of Shri
R/O..... was under my treatment from to and he/she expired on at A.M./P.M.

Doctor.....
Signature and address of Medical Practitioner/
Medical Attendant with Registration No.

**APPLICATION FORM TO ERECT, RE-ERECT OR TO MAKE MATERIAL
ALTERNATION IN A BUILDING**

(Submitted under Section 328 of GMC Act 1971 and Cl. 5 f Building Byelaws for Guwahati)

To,

Commissioner,
Guwahati Municipal Corporation,
Panbazar, Guwahati.

Sir,

I / We hereby give notice that I intend to erect / re-erect or to make alternation in the House No. Situated at Road of area of Ward No. in Dag No. Patta No. of Revenue Village Mouza and in accordance with the Building Byelaws of Guwahati and I forward herewith, the following plans and specifications duly signed by me and (name in block letters) of the Registered Technical Personal, Registration No. GMC/..... who have prepared the plans, statements. Documents (as applicable).

- a) Three copies of site plan and building plan as required by building bye laws, GMC, and drawn by Technical Personal registered in G.M.C.
- b) Photostat Copy of land document (Such as land deed, Mutation order or Patta). The photocopy is to be self attested.
- c) Structural Certificate (as per building bye laws of 2006) issued by Technical Personal / Group Agency Registered in G.M.C.
- d) Service Plan for building when it is above 12.00 m high.
- e) For boundary wall permission; an undertaking through affidavit will be required particularly for road side wall.
- f) Key plan of the location.
- g) Soil test report (Geo-Technical Report) in case of building above 12.00 m high.
- h) Trace map.
- i) Receipt copy of up-to-date property tax.

The schedule of land is also given below:

- vi) Total plot area:
- vii) Name of owners of adjoining land
 - North:
 - South:
 - East:
 - West:
- viii) Is there any future provision for
 - (i) Vertical Extension
 - (ii) Horizontal Extension

I request that the construction may be approved and permission accorded to me to execute the work.

I hereby also declare that contents of the above application and the enclosures are true and correct to my / our knowledge. No part of it is false and nothing has been concealed there from.

Signature of the Applicant: _____

Name of the Applicant (in block letters): _____

Father / Husband Name: _____

Mother Name: _____

Postal Address of Applicant: _____

Phone No. / Mobile No.: _____

FOR OFFICE USE

B.P. fees received Rs. _____ (Rupees Sl. No. _____
_____) only Rt. No. _____
Date: _____
Rt. No. _____ Book No. _____ Date _____

(Cashier)

Processing fees to be paid Rs. _____ (Rupees Received Rs. _____
_____) only Rt. No. _____ Book No. _____
Date _____

(Cashier)

Fees to be paid Rs. _____
_____ only. for construction of RCC / Boundary Wall / AT building for
_____ use.

Zonal Engineer

Note:

10. The site to be shown to the concern Zonal Engineer within 7 days
11. You are to contact to office counter of the building permission branch within 30 (thirty) days from the date of submission for further information.

Signature of the Applicant

Documents to be enclosed

- (I) Three copies of site plan and building bye laws, GMC, and drawn by Technical Person registered in G.M.C.
- (ii) Photostate copy of land document (Such as land deed, Mutation order or Patta). The photocopy is to be self attested.
- (iii) Structural Certificate(as per building bye laws of 2006) issued by Technical Person/Group Agency Registered in G.M.C.
- iv) Service Plan for building when it is above 12.00m high.
- v) For boundary wall permission ; an undertaking through affidavit will be required particularly for road side wall.
- vi) Key plan of the location.
- vii) Soil test report(Geo-Technical Report) in case of building above 12.00m high.
- viii) Trace map.
- ix) Receipt copy of up-to-date property tax.

APPLICATION FORM FOR HOLDING CERTIFICATE

To,

The Commissioner
Guwahati Municipal Corporation
Panbazar, Guwahati

Sir,

The following property may be assessed and a Holding Certificate may be issued/or the following property may be mutated in my favour by transfer on sale / inheritance accompanied by possession (please strike out which is not applicable).

1) Name of Applicant:

2) Address:

3) Phone No. / Mobile No.:

4) Name of the Branch/Zone:

5) Nature of the Ward No./Road:

6) Details of the Property:

7) Documents enclosed:

- A) Copy of Patta/Jamabandi
- B) Copy of Sale deed
- C) NOC from Seller
- D) Death Certificate in case of inheritance
- E) Copy of Sale Permission from DC
- F) Copy of NOC from GMC / GMDA in case of purchase of flat
- G) Copy of occupancy certificate from GMC / GMDA in case of purchase of flat

Signature of Applicant

OFFICE OF THE GUWAHATI MUNICIPAL CORPORATION :: GUWAHATI

No.

Date:

Holding Certificate

This is to certify that the Holding No- of ward No..... at,
Guwahati stands in the name of Sri /Smt, S/o, W/o
under zone of Guwahati Municipal Corporation as per records.

Deputy Commissioner
Zone
Guwahati Municipal Corporation
Guwahati

APPLICATION FORM FOR HOLDING MUTATION

To,

The Commissioner
Guwahati Municipal Corporation
Panbazar, Guwahati

Sir,

The following property may be assessed and a Holding Certificate may be issued/or the following property may be mutated in my favour by transfer on sale / inheritance accompanied by possession (please strike out which is not applicable).

1) Name of Applicant:

2) Address:

3) Phone No. / Mobile No.:

4) Name of the Branch/Zone:

5) Nature of the Ward No./Road:

6) Details of the Property:

7) Documents enclosed:

- A) Copy of Patta/Jamabandi
- B) Copy of Sale deed
- C) NOC from Seller
- D) Death Certificate in case of inheritance
- E) Copy of Sale Permission from DC
- F) Copy of NOC from GMC / GMDA in case of purchase of flat
- G) Copy of occupancy certificate from GMC / GMDA in case of purchase of flat

Signature of Applicant

APPLICATION FORM FOR SUPPLY OF CERTIFIED COPY

To,

The Commissioner
Guwahati Municipal Corporation
Panbazar, Guwahati

Sir,

The following Certified Copy may be supplied to me for which I shall bear the cost.

1) Name of Applicant:

2) Address:

3) Phone No. / Mobile No.:

4) Name of the Branch:

5) Nature of the Certified Copy:

Signature of Applicant

APPLICATION FOR TRADE LICENCE

To

The Commissioner
Guwahati Municipal Corporation
Guwahati

Sir,

I / we request you to grant/renew trade licence as required under GMC Act for the year Within Guwahati Municipal Corporation Area. My / our particulars on trade is detail below.

- j) Trade or name of the shop :
- k) Name of the Owner :
- l) Name of father / husband :
- m) Age :
- n) Trade for which Licence is sought :
- o) Place of the Trade :
 - ix) House No.:
 - x) Road :
 - xi) Ward No. :
- p) Boundaries of the place of Trade :
 - (iii) East :
 - (iv) West :
 - (v) South :
 - (vi) North :
- q) House Owners Name and Address :
- r) In case of Existing Trade :
 - No. of the Trade Licence & Date :
 - In case of new Trade :
 - Date of Starting the Trade :
- s) Rent of the House :
 - 12. If the applicant is the owner step the approved rent :
- t) If a Godown exists indicate the rent :
- u) State the year for which Licence is sought :
- v) Annual Income :
- w) Income Tax paid :
- x) Capital of the Trade :

Declaration

I / we Sri do solemnly affirm and state that the above statement made by me / us is true to the best of my knowledge and belief. I / we will abide by the rules / condition / order of Guwahati Municipal Corporation Act. I / we will not take any claim on the lane or house in which trade will be made if the trade licence is issued. I/we deposit prescribed fees as per rule.

Place:

Yours faithfully,

Date:

Signature of the Applicant

FOR OFFICE USE

Trade Licence issued subject to payment of total Rs. from 2012 to 20 on yearly payment of Rs.
..... with fine of
Rs.

Accepted / Rejected

Signature of the

Licence Officer

Commissioner
Guwahati Municipal Corporation
Guwahati

Total Rs. as mentioned above vide received No. Date is received.

Collector
Guwahati Municipal Corporation
Guwahati

Documents to be enclosed:

- I) Registration Certificate /Date
- II) Rent agreement, if rented premises are used
- III) Upto date property Tax paid receipt
- IV) Building Permission
- V) Agreement with GWMCP for waste disposal
- VI) Report of SP(SB)
- VII) Report from SP Traffic
- VIII) Report from SFSSO
- IX) Drug licence in case of pharmacy (Alopathic)

