

(Send this to the Registrar within 21 days) <i>To be filled by th Registrar</i>		Item	Instructions
Name	Code No.		
District	:	1	Enter the exact day, month and year e.g. 1-1-2000
Taluk	:	2	Enter "male" or "female" Do not use abbreviation
Town/Village	:	3	Full name as usually written
Registration Unit	:	4	Full name as usually written
Registration No	:	5	Tick the appropriate entry below and give the name of the Hospital/Institution or the address of the house where the birth took place e.g. 1.Hospital
Date of Birth	:	7	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.
Date of Registration	:	9	Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI
Sex :	1.Male 2.Female	10	Tick the appropriate entry below. E.g. 1. Institutional - Government
Place of Birth :	1.Hospital/Institution 2. House 3. Other place		
Name and Signature of the Registrar		<i>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.</i>	