



BIRTH CERTIFICATE

N.B. GUIDE LINES TO BE OBSERVED BY INFORMANT / GUARDIAN

1. Please fill up the form carefully from item No.1 to 20.

2. Enclose the following documents along with FORM No.1

***DELAYED REGISTRATION
(AFTER 21 DAYS OF BIRTH)***

- i. Sikkim Subject Copy/ Identification Certificate, Voter List /Trade Licence/Driving Licence etc. for Nationality.**
- ii. D.C. Office Order with Panchayat recommendation.**
- iii. B.R. for Rs. 10/- for each child.**

- iv. Proof of Date of Birth and place of Birth such as Immunisation Card/ School Certificate/Panchayat recommendation.**

***CURRENT REGISTRATION
(WITHIN 21 DAYS OF BIRTH)***

Please enclose:

2 (i) Above for nationality only.

4. Those who are Foreign National Please produce pass port to ascertain the Nationality.

FORM NO.1
BIRTH REPORT

Legal Information

This part to be added to the Birth Register

To be filled by the Informant

1. Date of Birth: Enter the exact day,
month and year the child was born e.g. 1-1-2000}
2. Sex: (Enter "male" or "female"
do not use abbreviation)
3. Name of the Child, if any:
(If not named, leave blank)
4. Name of the father:
(Full name as usually written)
5. Name of the mother:
(Full name as usually written)
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)

**1. Hospital / Name:
Institution**

2. House Address:

3. Nationality of Father/Mother:

4. Informant's name :

Address:

(After completing all columns
1 to 20, informant will
put date and signature here:)

Date: Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No.

Registration Date:

Registration Unit:

Town / Village:

District:

Remarks: (if any)

Name and Signature

BIRTH REPORT

Statistical Information

This part to be detached and sent for statistical processing

To be filled by the informant

8. 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.)

(a) Name of Town / Village:

(b) Is it a town or village:

(Tick the appropriate entry below)

1. Town

2. Village

c) Name of District:

d) Name of State:

9. Religion of the Family: (Tick the appropriate entry below)

1. Hindu 2. Muslim 3. Christian 4. Buddhist
5. Any other religion. (Write name of the religion)

10. 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)

11. 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)

12. Father's Occupation:

(If no occupation write 'Nil')

13. Mother's occupation:

(If no occupation write 'Nil')

FORM NO.1

To be filled by the informant

14. Age of the mother: (in completed years)
at the time of marriage: (if married more
than once, age at first marriage may be entered)

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

**16. Number of children born alive to the
mother so far including this child:**
(Number of children born alive to
including also those from earlier
marriage (s), if any)

17. 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.

18. Method of Delivery:
(Tick the appropriate entry below)

1. **Natural**
2. **Caesarean**
3. **Forceps / Vacuum**

19. Birth Weight (in kgs.) (if available):

20. Duration of pregnancy (in weeks):

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

To be filled by the Registrar

Registration No.

Registration Date:

Date of Birth:

Sex: 1 Male 2 Female

Place of Birth: 1 Hospital/Institution 2 House

Name and Signature of the Registrar