

**EXECUTIVE MAGISTRATE
IN THE COURT OF EXECUTIVE MAGISTRATE IMPHAL EAST**

Cril Misc case No. of 201_
Shri/Smt.
F/o, M/o
OfPETITIONER

-Vs-
State of Manipur

O R D E R

Dated, the 201_

This is an application under Rule 10(3) of the Manipur Registration Birth and Deaths Rule 1970 for registration of the date of birth/death of the petitioner/petitioner's.....

Register as Cril (MOCASE) An enquiry is held under rule 10(3) of the Manipur Registration Births and Death Rule 1970 as to the date of birth/Death. The petitioner/Petitioner's..... is clear' that Shri/Smt/Km..... was born/died on.....petitioner could not register the date of birth/death of his/her.....to the concerned authority as he/she had no idea about it. Now, the petitioner is willing to get his/her.....for..... but he/she was told that without certificate of the date of birth/death it cannot be entertained.

Hence, he/she prays to the court for issuing a direction to the Registrar Births and Deaths of his/her..... I see no reason to reject the prayer and the evidence is also accepted.

It is, therefore, ordered that the registrar births and deaths Manipur do register that the date of birth/death of the petitioner /petitioner's under Rule and on his/her payment of necessary fees required under Rule.

Send a copy of this order to the Registrar concerned along with a copy of the evidence produced by the applicant/encumbant.

Executive Magistrate/Imphal East

Memo No. Crill (M) Case No. of 201_ Dated, the201_

Copy to:- The Block Development Officer/Imphal East
Sawombung for executive accordingly.

Executive Magistrate/Imphal East.

FORM NO. 1 BIRTH REPORT

Legal Information

This part 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 birth, here is a specimen form for each child and write "Twin birth or Triplet birth" etc. as the case may be in the remarks column in the box below left.

FORM NO. 1

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| <p><i>To be filled by the informant</i></p> <p>1. Date of Birth : (Enter the exact day, month and year the child was born e.g. 1-1-2000)</p> <p>2. Sex : (Enter "Male, or "Female" do not use abbreviation)</p> <p>3. Name of the child, if any : (If not name leave blank)</p> <p>4. Name of the father (Full name as usually written) UID No. of Father (if any)</p> <table border="1" style="width: 100%; height: 15px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>5. Name of the Mother: (Full name as usually written) UID No. of Father (if any)</p> <table border="1" style="width: 100%; height: 15px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>6. Address of parents at the time of Birth of the Child :</p> <p>7. Permanent address of parents:</p> <p>8. 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/Institution Name & Address: 2. House Address: 3. Others:</p> <p>9. Informant's name : Address : (After completing all column 1 to 20, informant will put date & signature here)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <p><i>To be filled by the informant</i></p> <p>10. Town or village or 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 :</p> <p>11. Religion of the family : (Tick the appropriate entry below) 1. Hindu 2. Muslim 3. Christian 4. Any other religion : (Write the name of the religion)</p> <p>12. Father's level of education : (Enter the completed level of education e.g. if studies upto Class-VII but passed only Class-VI write Class-VI)</p> <p>13. Mother's level of education : (Enter the completed level of education e.g. if studies upto Class-VII but passed only Class-VI write Class-VI)</p> <p>14. Father's occupation : (If no occupation write Nil)</p> <p>15. Mother's occupation: (If no occupation write Nil)</p> | <p><i>To be filled by the informant</i></p> <p>16. 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>17. Age of the mother (in completed years) at the time of this birth:</p> <p>18. Number of children born alive to the mother so far including this child : (Number of children born alive to include also those from alive to include also those from earlier marriage (s), if any)</p> <p>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</p> <p>20. Method of delivery : (Tick the appropriate entry below) 1. Nature 2. Caesarean 3. Forceps/Vacuum</p> <p>21. Birth weight (in Kgs.) (If available)</p> <p>22. Duration of pregnancy (in weeks)</p> |
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To be detached and sent for statistical processing

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|--------------------------------------|---|---|--------------------------------------|---|---|
| Date: _____ | | Signature or left thumb mark of the informant _____ | | (Columns to be filled are over. Now put signature at left.) | |
| <i>To be filled by the Registrar</i> | | | <i>To be filled by the Registrar</i> | | |
| Registration No. : _____ | Registration date: _____ | NAME: _____ | Code No. _____ | Registration No. : _____ | Registration date: _____ |
| Registration Unit: _____ | | District _____ | | Date of Birth: _____ | |
| Town/Village : _____ | District : _____ | Tahsil : _____ | | Sex: 1. Male 2. Female | |
| Remarks : (if any) | | Town/Village : _____ | | Place of Birth: 1 Hospital/Institution 2. House | |
| | Name and signature of the Registrar _____ | Registration Unit : _____ | | | Name and signature of the Registrar _____ |

FORM NO. 1
(See Rule 5)