

SAMPLE REGISTRATION SYSTEM
FORM N0-1 HOUSE LISTING

**SAMPLE REGISTRATION SYSTEM
Form No.2 -HOUSE HOLD SCHEDULE**

State	<input type="text"/>	Code	<input type="text"/> <input type="text"/>	Village/Town	<input type="text"/>	Name of head of the household	<input type="text"/>		
Natural Division	<input type="text"/> code <input type="text"/>	Rural-1 / Urban-2	Code <input type="text"/>	MDDS code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Identification Code	<input type="text"/>		
District	<input type="text"/>	Code	<input type="text"/> <input type="text"/>	Name of Sample Unit	<input type="text"/>	House No	<input type="text"/>		
Stratum	<input type="text"/>	Unit Code (Ten digits)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					Household No.	<input type="text"/>

				S.No. of identification code to be copied from		of			At the time of first HY	Total number of children
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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

SAMPLE REGISTRATION SYSTEM
FORM No. 4 : OUTCOME OF PREGNANCY RECORDED BY ENUMERATOR

State _____
District _____
Village/Town _____

January-June, 20____
July-December, 20____
Name of sample unit: _____
Unit Code (ten digits) _____

SAMPLE REGISTRATION SYSTEM
FORM No.5 : DEATHS RECORDED BY ENUMERATOR

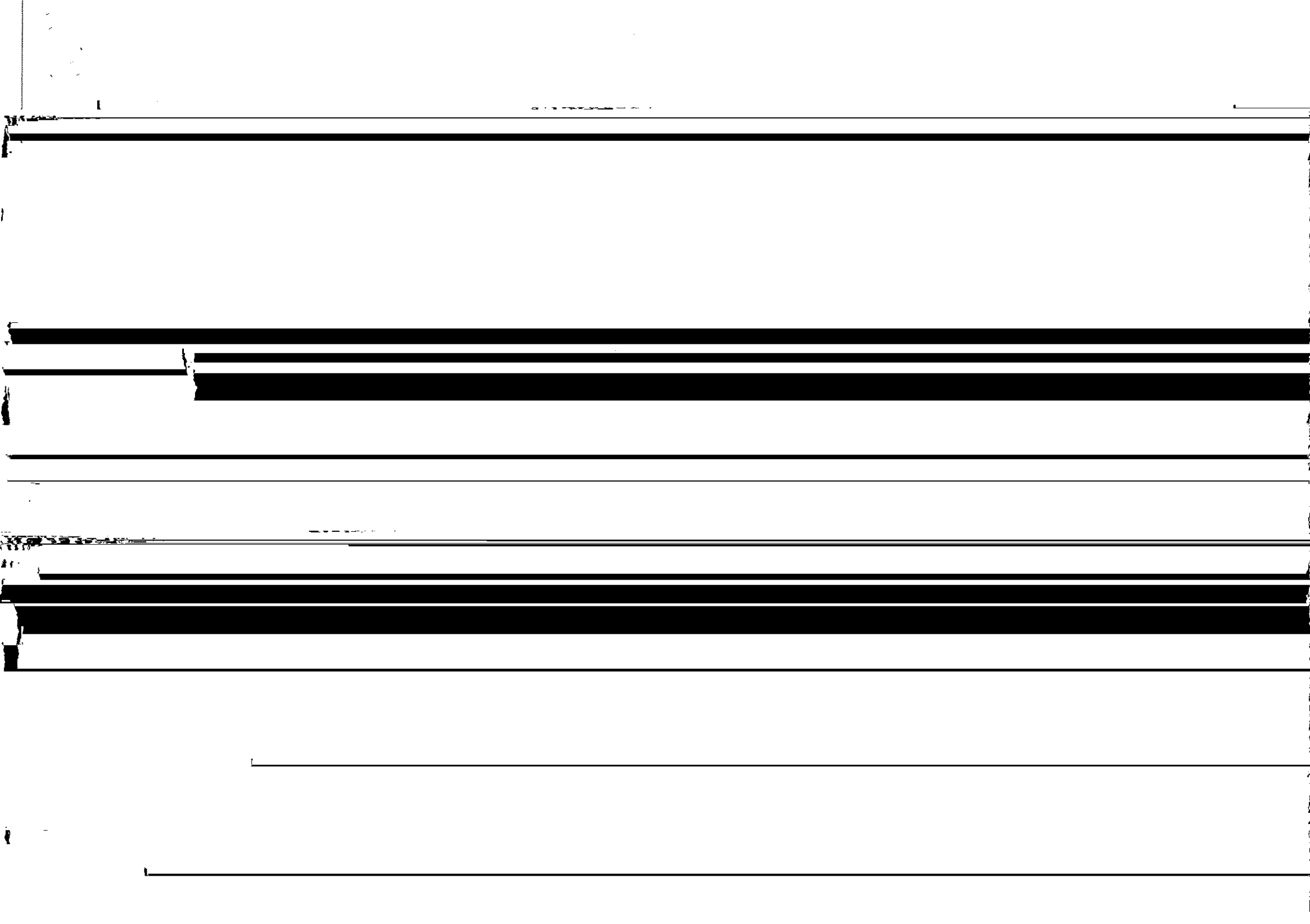
Page No.....

State _____
District _____
Village/Town _____

January-June, 20____
July-December, 20____

Name of sample Unit _____
Unit Code (ten digits) _____

			Head of the Household	Particulars of the deceased	Age at death				
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SAMPLE REGISTRATION SYSTEM
FORM No.7 : MONTHLY REPORT OF DEATHS

SAMPLE REGISTRATION SYSTEM

CONTRACTOR'S PERFORMANCE CONSOLIDATED MONTHLY REPORT

State.....

To be despatched to ORGI by the
2nd week of the following month

Report for the month of.....

SAMPLE REGISTRATION SYSTEM

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

SAMPLE REGISTRATION SYSTEM
FORM No.10: DEATHS RECORDED BY SUPERVISOR

State _____
District _____
Village/Town _____

January-June, 20__ (I HYS)

July-December, 20__ (II HYS)

Name of Sample Unit _____
Unit Code (ten digits) _____

January- December(Both HYS)

SAMPLE REGISTRATION SYSTEM
FORM No.12: FINALISED LIST OF DEATHS

(Finalised after matching of Forms 5 and 10 and reverification)

January-December (Both HYS)

State: Code: Village/Town:
 Natural Division: Rural-1/Urban-2: MDDS:
 District: Code: Name of Sample Unit:
 Startmm: Unit Code:

No.	House No	Household No.	Name of the head of the household	Name of the deceased	Identification code* of the deceased	Relationship to Head (code*)	Whether/Husband of deceased	Age (F-1, M-2, O-3)	Religion (code)	Cause of Death	Place where death registered (1-3, Not Known-3)	Place of death (Institutional-1, Residential-2, others-3)	Duration (in days)	Age Below 12 (in months)	Age one year and above (in years)	Sex (1-male, 2-female)	Place of death (code)	Registered by
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SAMPLE REGISTRATION SYSTEM

FORM No.15 : DISTRIBUTION OF USUAL RESIDENT POPULATION OF THE SAMPLE UNIT BY AGE, SEX AND MARITAL STATUS

State _____

District _____

Village/Town.....

Name of Sample Unit.....

January-December,2014(Both HYS)

Unit Code

Total No. of houses

SAMPLE REGISTRATION SYSTEM

FORM 16 DISTRICT LEVEL

LEVEL OF EDUCATION

Issued: December 2014 (Dist. HQs)

