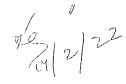
GOVERNMENT OF MEGHALAYA HEALTH & FAMILY WELFARE DEPARTMENT ORDERS BY THE GOVERNOR



NOTIFICATION

Dated Shillong, the 18th January, 2022.

No.Health.350/2015/34 :- In exercise of the power conferred by section 30 of the Registration of Births and Deaths Act, 1969, the Governor of Meghalaya is pleased to hereby amend the Meghalaya Registration of Births & Deaths Rules, 1999, namely:-

1. Short title and commencement :-

- These rules may be called the Meghalaya Registration of Births and Deaths (i) (Amendment) Rules, 2021.
- They shall come into force with immediate effect. (ii)
- 2. Amendment of Rule 11: After sub-rule (1) of rule 11 of the Meghalaya Registration of Births and Deaths, Act, 1999, the following new proviso shall be inserted, namely:-

"Provided that an application for correction of entries in Birth/Death Certificates is received within the stipulated time for entry of name of the Child or Registration of events, a draft Certificate accompanied with a declaration form shall be issued to the beneficiaries to confirm the details therein. On their confirmation, through submission of the draft Birth/Death Certificates alongwith the declaration, final Birth/Death Certificates shall be issued. Therefore, no further corrections shall be allowed to made in the Birth and Death Certificates in future".

> (Sd/-Sampath Kumar,IAS.,) Principal Secretary to the Govt. of Meghalaya, Health & Family Welfare Department

Memo. No.Health.350/2015/34-A

Dated Shillong, the 18th January, 2022.

Copy to :-

1. P.S. to the Minister, incharge Health & Family Welfare Department for kind information of the Minister.

2. P.S. to the Chief Secretary, for kind information of the Chief Secretary.

- 3. P.S. to Principal Secretary, Health & Family Welfare Department for kind information of the Principal Secretary.
- 4. P.A to Commissioner & Secretary, Health & Family Welfare Department for kind information of the Commissioner & Secretary.

5. Director of Health Services(MI)/(MCH&FW)/(R), Meghalaya, Shillong for information.

6. Director of Health Services (MCH&FW)-cum Chief Registrar of Births & Deaths, Meghalaya, Shillong with reference to letter No.DHS/MCH/DEMO/3/96/3102 Dt.16.3.2021.

7. Director of Printing & Stationery for favour of publication in the Meghalaya Gazetted.

8. Jt. DHS (SS) Civil Hospital, Shillong/the Medical Superintendent (Jt.DHS) Ganesh Das Hospital, Shillong/Jt.DHS (Garo Hills, Division) Tura.

9. State T.B Officer-cum-Superintendent, R.P. Chest Hospital, Shillong.

10. District Medical & Health Officer, East Khasi Hills, Shillong/West Khasi Hills, Nongstoin/Ri-Bhoi District, Nongpoh/West Jaintiaa Hills District, Jowai/West Garo Hills District, Tura/East Garo Hills, Williamnagar/South Garo Hills, Baghmara/North Garo Hills, Resubelpara/South West Garo Hills, Ampati/East Jantia Hills, Khliehriat/South West Khasi Hills, Mawkyrwat/ Eastern West Khasi Hills, Mairang.

11. Superintendent, Civil Hospital, Jowai/Tura/Nongpoh/Nongstoin/Williamnagar/MCH Hospital,

Tura/ Tirot Singh Memorial Hospital, Mairang.

By Orders etc.,

Under Secretary to the Govt. of Meghalaya, Health & Family Welfare Department.

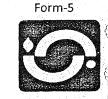


No.....



GOVERNMENT OF MEGHALAYA DEPARTMENT OF HEALTH AND FAMILY WELFARE

Name of local body issuing certificate.....



DRAFT BIRTH CERTIFICATE

Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 the Meghalaya Registration of Births and Deaths Rules, 1999

This is to certify that the following information h	has been taken from the original record of birth
which is the register for (local area/ local body)	
of tahsil/blockof Distr	ict
of the state of Meghalaya	
Name	sex
Date of birth	Place of birth
Name of Mother	
Name of Father	그 생님이 들어 있는 것이 그래면 걸어 하다.
Address of parents at the time of birth of the child:	등 기를 하는 것이 되었다. 그는 사람들이 되었다.
Registration No:	Date of Registration:
Remarks[if any]	
Date of issue Signature of the issuing Address of the issuing a	authorityuthority





GOVERNMENT OF MEGHALAYA DEPARTMENT OF HEALTH AND FAMILY WELFARE Name of local body issuing certificate.....



the

DRAFT DEATH CERTIFICATE

Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 the Meghalaya Registration of Births and Deaths Rules,1999

	has been taken from the original record of death which is the
register for (local area/ local body)	of tahsil /block
of District	of the State of Meghalaya.
[[문학의 시호]] [[인호 학유병원 경영시간 [1] 시호 :	이 이 경우에 이 기계는 모든 기계는 이렇게 됐을까 증가하였다.
Name:	Sex:
Date of Death:	Place of Death:
Name of Mother:	
Name of Father:	
Name of Husband/ Wife:	
Name, Age and Contact/Address details of Husb	and/wife/widow/widower
Address of the deceased at the time of death:	Permanent Address of the deceased:
	그렇는데, 이번을 하는 것 이 그런 눈이 어떻게 했다. 그는 하지?
	가 하는 것이 되는데 이번도 하는데 이 보고 있는 것은 사람이 되고 있는데 하다.
마이크 및 보고 보는 기를 받는데, 이번 등을 보냈다. 보고 있는 기를 보는 것이 되었다.	4일은 1일을 사용하는 사용하는 사용하는 사용하다.
Registration No:	Date of Registration:
Remarks [if any]:	로마 (), (P.) 이 발생하다는 보이 있는 것은 사람들이 발라가 되어 있는 모임. [2] 이 기계를 가고 있는 것이라면 보이 되었습니다.
Date of issue:	Signature of the issuing authority Address of the issuing authority

DECLARATION FOR CORRECTION OF BIRTH REGISTER RECORDS

To,			
The Re	gistrar of Births and Deaths		
Sub: Regardir	ng issue of correction in Birth Regi		
Respected Sir	/ Madam,		
n de la companya de La companya de la co	하고 생각을 보고 있다. 그 보고 있는 것으로 보고 있다. 그 자연 항공기를 받는다.		/A
would like		make necessary correction/s	
of patient) S/	′o, D/o		who was born on the
		(Date of Birth).	
I would like to	request for correction in the said	document as follows:	
	requestion concedion in the said	document as ronows.	
SI No.	Present/ Previous Recorded	SI No. <u>Correction</u>	n(s) Required
1.		1.	
2.		2.	
3.	그는 말을 하게 하셨다는 것이다. 그리 말로 보았다면 하는 것이 되는 것이다.		
4.	그 경기 등환경 환경에 하지 않는 것 한 유수를 통한 경험에 가장하고 있는 것이다.	4.	
5.	현실(홍호현) 최고 (1) 		
l am attaching	the following documents as appli	cable required for the necessary co	rraction in the said
documents.	, , , , , , , , , , , , , , , , , , ,	and required for the fields any co	rrection in the salu
1 Motho	r's ID proof (photocopy)		
	s ID proof (photocopy)		
	al Record documents [photocopy	(in case of institutional event)]	
	irth Certificate with wrong particu		
	it (Original)		
	aments produced by applicant sho	ould be self attested.	
	선생님 경우를 통하는 것들은 사람들은 사람들이 되었다. 통하는 사용 경우를 가지 않는 것이 되었다.	Thanking You	
		Yours faithfully,	
		Signature:	
교통 등 경기를 위치하고 있다. 기계를 통해하고 있었다.		Name (Block Letter	
		Contact Number:	

UNDERTAKING: I hereby declare that the corrections required are genuine and final and that no further request for correction will be submitted by me or on my behalf.

Address:

DECLARATION FOR CORRECTION OF DEATH REGISTER RECORDS

To,			
The l	Registrar of Births and Deaths		
Sub: Regard	ding issue of correction in Death Reg	ster.	
Respected	Sir/ Madam,		
1			(Applicant Name)
			orrection/s in Death Register records o (name of deceased
S/o, D/o,	W/o, H/o		<u>who</u>
died on the		(Da	ate of Death).
I would like	to request for correction in the said	document as fo	ollows:
SI No.	Present/ Previous Recorded	SI No.	Correction Required
1.		1.	
2.	유로 크림 캠핑 이 없는 보는데.	2.	
3.		3.	
4.		4.	
5.		5.	

I am attaching the following documents as applicable required for the necessary correction in the said documents.

- 1. Death Slip issued from hospital (photocopy)
- 2. ID proof of deceased (photocopy)
- 3. Affidavit (Original)
- 4. Relationship proof of applicant with deceased
- 5. Draft Death Certificate with wrong particulars
- 6. All documents produced by applicant should be self attested.

Thanking You

Yours faithfully,

Signature:
Name (Block Letter):
Contact Number:
Address:

UNDERTAKING: I hereby declare that the corrections required are genuine and final and that no further

Relationship Proof of Applicant with Deceased

(Declaration by close relative/Family member for obtaining Death Certificate)

1. That the exact date of death of Shri/Ms/Smt		
1. That the exact date of death of Shri/Ms/Smt	(S/O, D/O, Spouse/O)	
1. That the exact date of death of Shri/Ms/Smt	Resident of (Complete Address)	
Sex [(Male/Female/Transgender)] Son/ Daughter/Spouse of		
who died at	1. That the exact date of death of Shri/Ms/Smt	
(Complete Address) is	Sex [(Male/Female/Transgender)] Son/ Daughter/Spo	ouse of
(Complete Address) is	who died at	
3. That the Name of Mother of the above deceased is	(Complete Address) is	(Date of Death).
3. That the Name of Mother of the above deceased is	2. That the Name of father of the above deceased is	
4. That the Name of Spouse of the above deceased is The above information is true and correct to the best of my knowledge and belief and nothing has been concealed therein. In case of fraud event, action may be initiated against me/us, as pe the provisions laid down under Registration of Births and Deaths Act, 1969. Signature of Applicant Dated: Name (in block letters): Relationship with deceased: Address: Contact Number:	3. That the Name of Mother of the above deceased is	
The above information is true and correct to the best of my knowledge and belief and nothing has been concealed therein. In case of fraud event, action may be initiated against me/us, as pe the provisions laid down under Registration of Births and Deaths Act, 1969. Signature of Applicant Dated: Name (in block letters): Relationship with deceased: Address: Contact Number:	4. That the Name of Spouse of the above deceased is	
Dated: Name (in <i>block letters</i>): Relationship with deceased: Address: Contact Number:		ly de initiated against me/us, as de
Name (in <i>block letters</i>): Relationship with deceased: Address: Contact Number:	the provisions and down under registration of pirths and peatil	
Relationship with deceased: Address: Contact Number:	and provisions and down under registration of births and beath	s Act, 1969.
Address: Contact Number:		s Act, 1969.
Contact Number:	Dated:	s Act, 1969.
이렇게 들었는데, 얼마나 하는데 아니는 아니는 그리는데 그리는데 그리는데 그리는데 그리는데 그리는데 그리는데 그리는	Dated: Name (in <i>block letters</i>):	s Act, 1969.
mail ld (If any):	Dated: Name (in <i>block letters</i>): Relationship with deceased:	s Act, 1969.
	Dated: Name (in <i>block letters</i>): Relationship with deceased: Address:	s Act, 1969.