SAMPLE REGISTRATION SYSTEM
FORM N0-1 HOUSE LISTING

State
Natural Division
Rural-1 / Urban-2
District

Stratum
Village/Town
Name of sample Unit
Unit code (ten digits)

MDDS CODE
Ward No

S.No.	Building Number	SRS House Number	Status of the house at previous Survey (Code)	SRS Household Number	Name of head of household	Identification code of head of the household	status of house and household at half yearly survey		
							If head is changed	status of house	status of the household
							Yes-1, No-2		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									

Total no. of houses	2
Residentially/Partialy Residential	2
Households	2

Code for col. 4,9	
Residential/Partly residential	1
Non Residential	2
Vacant	3
Residential and locked	4
Does not exist	5

Code for col.10	
Household continues in the same House	1
Migrated out of the unit	2
shifted within the unit	3
in-migrated from outside the unit	4
Split household	5
Merged household	6
Ceased to exit	7

Sup. Signature	
Name	
Designation	
Code	
Date	

SAMPLE REGISTRATION SYSTEM
Form No.2 -HOUSE HOLD SCHEDULE

State | Code | Villege/Town | Name of head of the household

Natural Division | code | Rural-1 / Urban-2 | Code | MDDS code | Identification Code

District | Code | Name of Sample Unit | House No / Household No.

Stratum | Unit Code (Ten digits)

S. No	Identification code of members of the household including head (Ten digit code)(For code 1 and code 2 in col 5)	Name including head of household	Sex (Male-1, Female-2, Others-3)	Residential status (code) as on 01.01.2014	S.No. of identification code(to be copied from col. 1)		Date of birth			Confirmation of D.O.B (Code)	Age (in completed years)	Relationship to head (code)	Marital status as on 01-01-2014 (code)	Date of first marriage			At the time of first HY Survey details as on 1.1 2015		Total number of children to ever married woman				RECORDED REASON FOR MIGRATION
																	Educational status				Surviving		
					Mother	Father	DD	MM	YYYY					DD	MM	YYYY	Attending school (age 6-17 years) (Yes-1, No-2)	Qualification attained(age 7 and above) (code)	Ever Born	Surviving	Total	living with the household	living elsewhere	
1	2		3	4	5	6	7	8		9	10	11	12	13			14	15	#		17			18
1																								
2																								

Member of persons			
Male	Female	Other	Person
1	1	0	2

Code for col.11

Relationship to head	code
Head	01
Wife or Husband	02
Son or Daugter	03
Son-in-law or Daughter-in-law	04
Grand child	05
Parent	06
Parent-in law	07
Brother or Sister	08
Brother-n-law 0r Sister in law	09
Nice or Nephew	10
Other Relatives	11
Adopted or foster child or child through surrogacy	12
Not related	13

Code for col.9

Confirmation of D.O.B.	code
Birth certificate	1
Register of Chowkidar/Gram panchayat/Gram Pradhan	2
Horoscope	3
School certificate	4
Passport	5
Adhar card	6
Respondent's affirmation without certificate	6
Any other	7
Not available	9

Code for col . 12

Marital status	code
Naver married	1
married	2
Remarried	3
Widow/widower	4
Divorced	5
Separated	6
Not stated	9

Code for col.15

Educational status	Code
Illiterate	0
Literate without formal eduction	1
Below primary	2
Primary(5th class)	3
Middle(8th class)	4
Secondery/matric/class-x	5
Hr.secondery/Sr.sec/pre-university/classxII	6
Graduate/B.tech/BBA/ MBBS/Equivalent	7
Post graduate/M.Tech/MBA/ MD/Equivalent or higher	8
Other(Non technical/Technical diploma or certificate not equivalent to degree etc.	9

Code for cod.5

Residential Status	code
Continue as usual residents	1
Immigrated	2
Outmigrated	3
Died	4
Newly Born	5
Newly Born Died	6
Shifted into the household (within the sample unit)	7
Shifted Out from household (within the sample unit)	8
Missed death	9
Missed birth	10

Code for col.18

Migration reason for	code
Work/Employment	1
Business	2
Education	3
Marriage	4
Family moved	5
Any Other	6
Not Stated	9

Sup.Signature	
Name	
Designation	
Date	

SAMPLE REGISTRATION SYSTEM

Form No. 3 PREGNANCY STATUS OF WOMEN

FOR CURRENTLY MARRIED WOMEN UPTO THE AGE OF 49 YEARS

STATE
NATURAL DIVISION
RURAL/URBAN
DISTRICT

STRATUM
UNIT CODE(TEN DIGITS)
NAME OF SAMPLE UNIT
VILLAGE/TOWN

MDDS CODE
WARD NO.

Sl.No.	Date of Recording	SRS House No.	SRS household No.	Name of head of household	Currently married women		Current pregnancy Status write '1' for pregnant and '2' for not pregnant (skip to Q. 14 if code 2)	if code '1' in Col.8. duration of pregnancy in completed months	Expected month of outcome of pregnancy MMYYYY		Outcome of pregnancy (LB-1, SB-2, Abortion-3)	Recorded by Enu-1, Sup-2	Date of outcome of pregnancy DDMMYYYY	whether any of the spouse has undergone sterilization? (codes: wife-1, husband-2, none-3)	REMARKS
					NAME	IDENTIFICATION CODE			MONTH	YEAR					
1	2	3	4	5	6	7	8	9	10		11	12	13	14	15
1															
2															
3															
4															
5															
6															
7															
8															
9															

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)_____

S.No.	SRS House No. (four digits)	SRS Household No. (two digits)	Head of the Household		Details of the pregnant woman				Details of outcome of pregnancy											
			Name	Identification Code* (ten digits)	Name	Identification Code** (ten digits)	Relationship to Head (Code)	Residential status (Code)	Present age (in completed years)	Place of LB/SB/Abortion (Institutional-1, Domiciliary-2, Others-3)	LB/SB/Abortion (LB-1, SB-2, Abortion-3)	Date of LB/SB/Abortion (DD/MM/YYYY)	Multiplicity of birth (Single-1, Multiple-2)	Sex (M-1, F-2, O-3)	Birth weight (.....Kg.....gm)	Type of attention at delivery/abortion (Code)	Whether any of the spouse has undergone sterilization. (Wife-1, Husband-2, None-3)	First information source (Code)	Date of Enumeration (DD/MM/YYYY)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
0																				

*: As given in Form No.1

** : As given in Form No.3 . In case it is not available in Form No.3,record '-'.

Relationship Code (Col.8) : Head -01, Wife -02, Daughter-03, Daughter-in-law-04, Grand daughter-05, Mother-06, Mother-in-law-07, Sister-08, Sister-in-law-09, Niece -10, Other relatives-11, Adopted/foster daughter/daughter through surrogacy -12, Not related-13

Residential status Code(Col.9) : URP-1, URA-2, IP-3, IA-4, V-5

Type of attention at delivery/abortion Code (Col. 17): Govt. Sub Center-01, PHC-02, CHC-03, UHC/UHP/UFWC-04, Govt. Dispensary/Clinic-05,Govt. Hospital-06, Govt. AYUSH Hospital/Clinic-07, Private Dispensary/Clinic-08, Private Hospital-09, Private AYUSH Hospital/Clinic-10, Private-NGO/Trust Hospital/Clinic-11, Doctor-12, Nurse/ANM/LHV-13, Trained Dai-14,Untrained Dai-15, Family Members/Relatives/Friends-16, Others-17, None-18

First information source Code(Col.19): Household visit by Enumerator-1, Household-2, Village Headman-3, Chowkidar-4, Barber-5, Priest/Maulvi/Padri -6, Dai/ANM/Anganwadi Worker -7, Quarterly Visits (QV) - 8, Others-9

Signature_____
Name_____

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

State_____
District_____
Village/Town_____

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

Name of sample Unit_____
Unit Code (ten digits)_____

S. No.	SRS House No. (four digits)	SRS Household No. (two digits)	Head of the Household		Particulars of the deceased							Age at death						
			Name	Identification Code* (ten digits)	Name	Identification Code** (ten digits)	Relationship to Head (Code)	Place of death (Institutional-1, Domiciliary-2,Others-3)	Residential status (Code)	Date of death (DD/MM/YYYY)	Sex (M-1, F-2, O-3)	Less than 1 month (in days)	Less than 12 months (in months)	One year and above (in years)	Type of medical attention before death (Code)		First information source (Code)	Date of Enumeration (DD/MM/YYYY)	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)		(17)	(18)	(19)
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
0																			

* : As given in Form No.1

**: If the identification code of the deceased is not available in Form No.1 & Form No.3,Record '-' .

Relationship Code (Col.8) : Head -01, Wife or Husband-02, Son or Daughter-03, Son-in-law or Daughter-in-law-04, Grand child-05, Parent-06, Parent-in-law-07, Brother or Sister-08, Brother-in-law or Sister-in-law-09, Niece or Nephew-10, Other relatives-11, Adopted/foster child/children through surrogacy -12, Not related-13

Residential status Code (Col.10) : URP-1, URA-2, IP-3, IA-4, V-5

Type of medical attention before death Code (Col. 16): Govt. Sub Center-01, PHC-02, CHC-03, UHC/UHP/UFWC-04, Govt. Dispensary/Clinic-05 Govt. Hospital-06, Govt. AYUSH Hospital/Clinic-07, Private Dispensary/Clinic-08, Private Hospital-09, Private AYUSH Hospital/Clinic-10, Private-NGO/Trust Hospital/Clinic-11, Qualified Professionals-12, Untrained Fuctionary-13, Others-14, No Medical attention-15

First information source Code(Col.17): Household visit by Enumerator-1, Household-2, Village Headman-3, Chowkidar-4, Barber-5, Priest/Maulvi/Padri -6, Dai/ANM/Anganwadi Worker -7, Quarterly Visits (QV) - 8, Others-9

Signature_____

SAMPLE REGISTRATION SYSTEM
FORM No.6 : MONTHLY REPORT OF OUTCOME OF PREGNANCY

State_____
District_____
Village/Town_____

For the month of_____20_____
Name of Sample Unit _____
Unit Code (ten digits)_____

S.No.	SRS House No. (four digits)	SRS Household No. (two digits)	Head of the Household		Details of the pregnant woman					Details of outcome of pregnancy										
			Name	Identification Code (ten digits)	Name	Identification Code (ten digits)	Relationship to Head (Code)	Residential status (Code)	Present age (in completed years)	Place of LB/SB/Abortion (Institutional-1, Domiciliary-2, Others-3)	LB/SB/Abortion (LB-1, SB-2, Abortion-3)	Date of LB/SB (DD/MM/YYYY)	Multiplicity of birth (Single-1,Multiple-2)	Sex (M-1,F-2,O-3)	Birth Weight (...Kg...gm)	Type of attention at delivery/abortion (code)	Whether any of the spouse has undergone sterilization,(Wife-1,Husband-2,None-3)	First information source (code)	Date of Enumeration (DD/MM/YYYY)	Sex (M-1, F-2, O-3)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
0																				

* : As given in Form No.1
**:As given in form no 3:in case is not available in form no.3 record
Relationship Code (Col.8) : Head -01, Wife-02, Daughter-03, Daughter-in-law-04, Grand Daughter -05,Mother-06,Mother-in-law-07
Sister-08,Sister-in-law-09, Niece -10, Other relatives-11, Adopted/foster daughter/daughter through surrogacy -12, Not related-13

Signature_____

Residential status Code (Col.9) : URP-1, URA-2, IP-3, IA-4, V-5
Type ofattention atdelivery/abortion Code (Col. 17): Govt. Sub Center-01, PHC-02, CHC-03, UHC/UHP/UFWC-04, Govt. Dispensary/Clinic-05,Govt Hospital-06
Govt. AYUSH Hospital/Clinic-07, Private Dispensary/Clinic-08, Private Hospital-09, Private AYUSH Hospital/Clinic-10,
Private-NGO/Trust Hospital/Clinic-11,doctors-12, nurse/ANM/LHV-13, Trained dai-14, untrained dai-15,family members/relatives/friends-16,others-17,non

Name _____

Date_____

First information source Code(Col.19): Household visit by Enumerator-1, Household-2, Village Headman-3, Chowkidar-4, Barber-5, Priest/Maulvi/Padri -6,
Dai/ANM/Anganwadi Worker -7, Quarterly Visits (QV) - 8, Others-9

SAMPLE REGISTRATION SYSTEM
FORM No.7 : MONTHLY REPORT OF DEATHS

State_____
District_____
Village/Town_____

For the month of_____20____
Name of Sample Unit_____
Unit Code (ten digits)_____

S.No.	SRS House No. (four digits)	SRS Household No. (two digits)	Head of the Household		Particulars of the deceased							Age at death		
			Name	Identification Code (ten digits)	Name	Identification Code (ten digits)	Relationship to Head (Code)	Place of death (Institutional-1, Domiciliary-2, others-3)	Residential status (Code)	Date of death (DD/MM/YYYY)	Sex (M-1, F-2, O-3)	Less than 1 month (in days)	Less than 12 months (in months)	'One year and above (in years)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)		
1														
2														
3														
4														
5														
6														
7														
8														
9														
0														

Note: Copy the particulars from relevent columns of Form No.5

Death events	Males	Females	Others	Total
Total deaths for the current mo				
Total cumulative deaths upto				
Total cumulative deaths upto				

Signature_____

Name _____

Date_____

SAMPLE REGISTRATION SYSTEM
FORM No. 8 : UNITWISE CONSOLIDATED MONTHLY REPORT

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

State.....

Report for the month of.....

S.No.	Sample Unit Code	Population as on 1st January/July	Live Births		Still Births		Abortion		Deaths		Infant Deaths		
			URP/URA/IP/IA	Visitors	URP/URA/IP/IA	Visitors	URP/URA/IP/IA	Visitors	URP/URA/IP/IA	Visitors	URP/URA/IP/IA	Visitors	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1													
2													
3													
4													
5													
6													
7													
8													
9													
0													
1													
2													
3													
4													
5													
6													
7													
8													
9													
0													
	Total												

Signature_____
Name_____
Designation with code____
Date_____

SAMPLE REGISTRATION SYSTEM
FORM No. 9 : OUTCOME OF PREGNANCY RECORDED BY SUPERVISOR

January-June, 20_____(I HYS)
July-December, 20_____(II HYS)

State_____
District_____
Vilage/Town_____

Name of Sample Unit_____
Unit Code (ten digits)_____

S.No	SRS House No. (three digits)	SRS Household No. (two digits)	Head of the Household		Details of pregnant woman						Details of outcome of pregnancy							Details of previous live		Order of current live birth	Interval between previous and current live birth (in months)	Type of attention at delivery/abortion (Code)	Whether any of the spouse has undergone sterilization (Wife-1, Husband-2, None-3)	Matching Remarks (Code)	Reverification Remarks (Correct-1, False-2)
			Name	Identification Code* (nine digits)	Name	Identification Code* (nine digits)	Relationship to Head (Code)	Residential status (Code)	Present age (in completed years)	Level of education*	Place of LB/SB/Abortion (Institutional-1, Domiciliary-2)	LB/SB/Abortion (LB-1, SB-2, Abortion-3)	Date of LB/SB/Abortion (DD/MM/YY)	Multiciplicity of birth (Single-1, Multiple-2)	Sex (M-1, F-2, O-3)	Birth weight (.....Kg.....gm)	Is the birth registered ? (Yes-1, No-2, Not known-3)	Previous child (alive-1, dead-2)	Date of birth of the previous child (DD/MM/YY)						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)
1																									
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
0																									

* : As given in Form No. 2

Relationship to head Code(Col.8) : Head -01, Wife -02, Daughter-03, Daughter-in-law-04, Grand daughter-05, Mother-06, Mother-in-law-07, Sister-08, Sister-in-law-09, Niece/Nephew-10, Other relatives-11, Adopted/foster child-12, Not related-13

Residential status Code (Col.9): URP-1, URA-2, IP-3, IA-4, V-5

Type of attention at delivery/abortion Code(Col.23): Govt. hospital-1, Private hospital-2, Qualified professional-3, Untrained functionary-4, Others-9

Matching Remarks Code (Col.25): Fully matched-1, Partially matched-2, Unmatched-3

Signature_____
Name_____
Code_____
Date_____

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

State_____
District_____
Vilage/Town_____

January-June, 20____(I HYS)
July-December,20___(II HYS)
Name of Sample Unit_____
Unit Code (ten digits)_____

S. No.	SRS House No. (three digits)	SRS Household No. (two digits)	Head of the Household		Particulars of the deceased								Age at death			Order of birth in case of infant death	Type of medical attention at the time of death (Code)	Matching Remarks (Code)	Reverification Remarks (Correct - 1, False - 2)
			Name	Identification Code* (nine digits)	Name	Identification Code* (nine digits)	Relationship to Head (Code*)	Place of death (Instutional-1, Domiciliary-2)	Residential status (Code)	Date of death (DD/MM/YY)	Sex (M-1, F-2, O-3)	Is the death registered ? (Yes-1, No-2, Not known-3)	Below one month (in days)	Below 12 months (in months)	1 year and above (in years)				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
0																			

* : As given in Form No.2
Residential status Code (Col.10): URP-1, URA-2, IP-3, IA-4, V-5
Type of medical attention at death Code (Col.18): Govt. hospital-1, Private hospital-2, Qualified professional-3, Untrained functionary-4, Others-9
Matching Remarks Code (Col.19): Fully matched-1, Partially matched-2, Unmatched-3

Signature_____
Name_____
Code_____
Date_____

FORM No.11: FINALISED LIST OF OUTCOME OF PREGNANCY

(Finalised after matching of Forms 4 & 9 and reverification)

State: Code Village/ Town:
Natural Division: Rural-1/ Urban-2: MDDS:
District: Code: Name of sample unit:
Stratum: Unit Code

S.NO.	SRS. House NO.	SRS. Household NO.	Name Of head of household	Identification code of head	Namne of pregnant women	Identification code of pregnant women	Relationship to Head(code	Residential status (Code)	Present age in completed years	Level of education	Type of attention at delivery/abortion	LB/SB/Abortion (LB-1, SB-2, Abortion-3)	Date of birth, if LB/SB	Birth weight	Is the birth registered (Yes-1, No-2, Not Known-3)	Sex (M-1, F-2, O-3)	Date of abortion, (if abortion)	Multiciplicity of birth (Single-1,Multiple-2)	Place of LB/SB/abortion (Institutional-1, Domiciliary-2, Other-3)	Order of current live birth	Previous child alive-1, dead-2	Date of birth of the previous child	Interval between previous and current live birth(in month)	Wheather any of the spouse has undergone sterilization(Wife-1, Husband-2, None-3)	Events netted by
1																									
2																									
3																									
4																									
5																									
6																									
7																									

Type of attention at delivery/abortion code : Govt. Sub Center1, PHC2, CHC3, UHC/UHP/UFWC4, Govt. Dispensary/Clinic5,Govt. Hospital6, Govt. AYUSH Hospital/Clinic7, Private Dispensary/Clinic8, Private Hospital9, Private AYUSH Hospital/Clinic10, Private NGO / Trust Hospital/Clinic11, Doctor12, Nurse/ANM/LHV13, Trained Dai14, Untrained

Dai15, Family Members/Relatives/Friends16, Others17, None18

Residential status code : URP1, URA2, IP3, IA4

Events Netted By :

1. Recorded by both Enumerator and Supervisor
2. Recorded by Enumerator and missed by Supervisor
3. Missed by Enumerator and recorded by Supervisor
4. Correct Events missed by both Enumerator and Supervisor

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:

Startum: Unit Code:

S.No.	SRS House No	SRS Household No.	Name of the head of the household	Name of the deceased	Identification code*of the deceased	Relationship to Head(code*)	Name of Father/Husband of deceased	Sex (M-1,F-2,O-3)	Residential status (code)	Date of Death	Is the death registered Yes-1, No-2, Not Known-3	Place of death(Institutional-1, Domiciliary-2, others-3)	If age at death Below one months (in days)	If age at death Below 12 months (in months)	If age at death one year and above (in years)	Order of birth incase of infant death	Type of medical attention at the time of death (code)	Events netted by
				(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
0																		

Relationship Code : Head1, Wife2,Son/Daughter3,Soninlaw/Daughterinlaw4,Grand child5,Parent6,Parentinlaw7,relatives11,Adopted/Foster child12,Not related13 Brother/Sister8,Sisterinlaw9,Niece10,Other

Residential status Code : URP1,URA2,IP3,IA4

Type of medical attention at the time of death Code : Govt. Sub center1,PHC2,CHC3,UHC/UHP4,Govt. Dispensary/Clinic5,Govt. Hospital6,Govt.AyushHospital/Clinic7,Pvt. Dispensary/Clinic8,Pvt. Hospital9,Pvt. Ayush Hospital/Clinic10,Pvt. NGO/Tust Hospital11,Qualified Proffesionals12,UntrainedFunctionary13,Others14,No Medical Attention15

Events Netted By :

1. Recorded by both Enumerator and Supervisor
2. Recorded by Enumerator and missed by Supervisor
3. Missed by Enumerator and recorded by Supervisor
4. Correct Events missed by both Enumerator and Supervisor

STATE	
HYS PERIOD	
YEAR	

JANUARY TO DECEMBER(BOTH HYS)

FORM NO.13: RESULTS OF THE HALF YEARLY SURVEY FOR OUTCOME OF PREGNANCY

	LIVE BIRTH						STILL BIRTH						ABORTION				
Sample Unit Code	SEX	TOTAL(COL.4,5,6,7)	RECORDED BY BOTH ENUMERATOR & SUPERVISER	RECORDED BY ENUMERATOER &MISSED BY SUPERVISOR	MISSED BY ENUMERATOR & RECORDED BY SUPERVISOR	CORRECT EVENTS MISSED BY BOTH ENUMERATOR & SUPERVISIOR	TOTAL(COL,9,10,11,12)	RECORDED BY BOTH ENUMERATOER & SUPERVISER	RECORDED BY ENUMERATOER & MISSED BY SUPERVISOR	MISSED BY ENUMERATOR & RECORDED BY SUPERVISOR	CORRECT EVENTS MISSED BY BOTH ENUMERATOR & SUPERVISIOR	TOTAL(COL,14,15,16,17)	RECORDED BY BOTH ENUMERATOER & SUPERVISER	RECORDED BY ENUMERATOER & MISSED BY SUPERVISOR	MISSED BY ENUMERATOR & RECORDED BY SUPERVISOR	CORRECT EVENTS MISSED BY BOTH ENUMERATOR & SUPERVISIOR	REMARKS
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
2424242422																	

SIGNATURE:
NAME:
DESIGNATION WITH CODE:
DATE:

STATE	
HYS PERIOD	
YEAR	

FORM-14

JANUARY TO DECEMBER(BOTH HYS)

FORM NO.14: RESULTS OF THE HALF YEARLY SURVEY FOR DEATHS

	DEATHS						INFANT DEATHS					
Sample Unit Code	SEX	TOTAL(COL.4,5,6,7)	RECORDED BY BOTH ENUMERATOR & SUPERVISOR	RECORDED BY ENUMERATOR &MISSED BY SUPERVISOR	MISSED BY ENUMERATOR &RECORDED BY SUPERVISOR	CORRECT EVENTS MISSED BY BOTH ENUMERATOR & SUPERVISOR	TOTAL(COL.9,10,11,12)	RECORDED BY BOTH ENUMERATOR & SUPERVISOR	RECORDED BY BOTH ENUMERATOR &MISSED BY SUPERVISOR	MISSED BY ENUMERATOR &RECORDED BY SUPERVISOR	CORRECT EVENTS MISSED BY BOTH ENUMERATOR & SUPERVISOR	REMARKS
1	2	3	4	5	6	7	8	9	10	11	12	13

SIGNATURE:
NAME:
DESIGNATION WITH CODE:
DATE:

SAMPLE REGISTRATION SYSTEM

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

State_____

District_____

Vilage/Town.....

Name of Sample Unit.....

Unit Code .....

January-December,2014(Both HYS)

Total No. of houses_____

Total No. of UR households_____

Broad age group	Never Married			Married		Remarried		Widow/widower		Divorced		Seperated		Not stated		All categories			
	Males	Females	Others	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Others	Persons
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
Below 1																			
1-4																			
5-9																			
10-14																			
15-19																			
20-24																			
25-29																			
30-34																			
35-39																			
40-44																			
45-49																			
15-49																			
50-54																			
55-59																			
60-64																			
65-69																			
70-74																			
75-79																			
80-84																			
85+																			
All ages																			

Signature_____

Name_____

Designation with code_____

Date _____

SAMPLE REGISTRATION SYSTEM
FORM No.16 : DISTRIBUTION OF TOTAL FEMALE POPULATION BY BROAD AGE-GROUP, SEX AND LEVEL OF EDUCATION

January-December,2014 (Both HYS)

State_____
District_____
Vilage/Town.....

Name of Sample Unit.....
Unit Code.....

Broad age-group of women	Population by level of education									
	Illiterate	Literate without formal education	Below Primary	Primary	Middle	Secondary/ Metric (Class-X)	Higher Secondary/Sr.Secondary/Pre-Univ.(Class-XII)	Graduate and above	Not stated	All Categories
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Below 15										
15-19										
20-24										
25-29										
30-34										
35-39										
40-44										
45-49										
50 & above										
All ages										

SAMPLE REGISTRATION SYSTEM
FORM No.17 : NUMBER OF FEMALES WHO GOT MARRIED BY AGE AT EFFECTIVE MARRIAGE

State_____ January-December, 2014(Both HYS)
Name of Sample Unit._____
Unit Code (10 digits) _____

Age at effective marriage	No. of Females		Age at effective marriage	No. of Females
(1)	(2)		(3)	(4)
Below 10			30	
10			31	
11			32	
12			33	
13			34	
14			35	
15			36	
16			37	
17			38	
18			39	
19			40	
20			41	
21			42	
22			43	
23			44	
24			45	
25			46	
26			47	
27			48	
28			49	
29			50+	
Sub. Total			Sub. Total	
			Grand Total	

Signature_____
Name_____
Designation with code_____
Date_____