

FORM C

(See Rule 8)

I daughter/wife of
aged about Years of
(here state the permanent address)

at present residing at do hereby give my consent to be
termination of my pregnancy at
(State the name of place where the pregnancy is to be terminated).

Place :

Date :

Signature

(To be filled in by guardian where the woman is a lunatic or minor).

I son/daughter/wife of
aged about Years of at present residing
at (permanent address)

..... do hereby give my consent to the termination of my pregnancy
of my ward who is a minor/lunatic at
(Place of termination of pregnancy).

Place :

Date :

Signature

SERLA GREWAL, Jt. Secy.

FORM I
(See Regulation 3)

.....
(Name and qualifications of the Registered Medical Practitioner in block letters)

.....
(Full address of the Registered Medical Practitioner in block letters)

.....
(Name and qualifications of the Registered Medical Practitioner in block letter)

.....
(Full address of the Registered Medical Practitioner in block letters)

I
(Name and qualifications of the Registered Medical Practitioner in block letters)

.....
(Full address of the Registered Medical Practitioner) hereby certify that *I/We/am/are of opinion, formed in good faith, that it is necessary to terminate the pregnancy of (Full name of pregnant woman in block letters) resident of (Full address of woman in block letters) for the reasons given below**.

I/We hereby give intimation that *I/We terminated the pregnancy of the woman referred to above who bears the serial No. in the Admission Register of the Hospital/approved place.

Place :

Date :

**Signature of
Registered Medical Practitioner
Signatures of Registered
Medical Practitioners**

*Strike out whichever is not applicable.

** of the reasons specified items (i) to (v) write the one which is appropriate:-

- (i) In order to save the life of the pregnant woman.
- (ii) In order to prevent grave injury to the physical or mental health of the pregnant woman.
- (iii) In view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped.
- (iv) As the pregnancy is alleged by pregnant woman to have been caused by rape.
- (v) As the pregnancy has occurred as a result of failure of any contraceptive device or methods used by married woman or her husband for the purpose of limiting the number of children.

Note:- Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the Continuance of a pregnancy would involve a grave injury to her physical or mental health.

Place :

Date :

Signature of the Registered Medical Practitioner

Signatures of the Registered Medical Practitioners

FORM II

[See Regulation 4 (5)]

1. Name of the State
2. Name of Hospital/approved place
3. Duration of pregnancy (give total No. only)
 - (a) Upto 12 weeks
 - (b) Between 12-20 weeks
4. Religions of women :
 - (a) Hindu
 - (b) Muslim
 - (c) Christian
 - (d) Others
 - (e) Total
5. Termination with acceptance of contraception:
 - (a) Sterilisation
 - (b) I.U.D.
6. Reasons for termination: (Give total number under each sub-head):
 - (a) Danger to life of the pregnant woman.
 - (b) Grave injury to the physical health of the pregnant woman.
 - (c) Grave injury to the mental health of the pregnant woman.
 - (d) Pregnancy caused by rape.
 - (e) Substantial risk that if the child was born, it would suffer from such physical or mental abnormalities as to be seriously handicapped.
 - (f) Failure of any contraceptive device or method.

Signature of the Officer Incharge with date

FORM III

(See Regulation 5)

ADMISSION REGISTER

(To be destroyed on the expiry of five years from the dated of the last entry in the register)

S.No. Date of

Admission

Name of Patient

Wife/Daughter

Age

Religion

Address

Duration of Pregnancy

(1) (2) (3) (4) (5) (6) (7) (8)

Reasons on which Pregnancy is terminated

Date of termination of Pregnancy

Date of discharge of Patient Result and Remarks

Name of Registered Medical Practitioner(s) by whom the opinion is formed

Name of Registered Medical Practitioner by whom Pregnancy is terminated

(9) (10) (11) (12) (13) (14)

SERLA GREWAL, Jt. Secy.

14