अण्डमान तथा निकोबार राजपत्र
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No. 24, Sri Vijaya Puram, Thursday, January 22, 2026

अण्डमान तथा निकोबार प्रशासन
ANDAMAN AND NICOBAR ADMINISTRATION
सचिवालय/SECRETARIAT

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NOTIFICATION

Sri Vijaya Puram, dated the 22nd January, 2026.

No. 24/2026/ F. No. 34-13/2020-MPH.– In exercise of powers conferred Under Section 30 (1) of the Registration of Births & Deaths Act, 1969 (Amended in 2023) and in pursuance of the Registrar General, Govt. of India, Ministry of Home Affairs, New Delhi's Letter No. 6/22/2025VSCRS(EC)/2161 dated 04.09.2025, the Lieutenant Governor (Administrator), Andaman and Nicobar Islands hereby makes the following amendments to the Andaman and Nicobar Registration of Births & Deaths Rules, 2024, publish in the A & N Gazette vide Notification No. 01 dated 31.01.2025, namely :

1. **Short Title and Commencement** : —

(i) These Rules may be called the A & N Island Registration of Births and Deaths (Amendment) Rules, 2025.

(ii) It shall come into force on the date of its publication in the Official Gazette of A & N Administration.

Amendment

2. The Form No.2, prescribed under Rule 5 of the A & N Island Registration of Births and Deaths Rules, 2024 (herein after called principal Rule) shall be substituted as under :—

FORM NO.2 (See rule 5)
DEATH REPORT
Legal information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be added to the Death Register

To be filled by the informant

1. **Date of Death :** DD-MM-YYYY

2. **Deceased's Details:-**
   (a) **Name:** First Name Middle Name Last Name
   (b) Aadhaar No. (if available):
   (c) Date of Birth (if available) : D D - M M - Y Y Y Y
   (d) Age:
3. **Sex** (Enter "Male" or "Female" or "Transgender person") :
4. **Mother's Details:-**
   (a) Name: First Name Middle Name Last Name
   (b) Aadhaar No. (if available):
   (c) Mobile No.:
   (d) Email Id:
5. **Father's Details:-**
   (a) Name: First Name Middle Name Last Name
   (b) Aadhaar No. (if available):
   (c) Mobile No:
   (d) Email Id:
6. **Spouse's (husband / wife) Details :-**
   (a) Name : First Name Middle Name Last Name
   (b) Aadhaar No.(if available):
   (c) Date of Birth (if available) : D D - M M - Y Y Y Y
   (d) Age (in completed years):
   (e) Mobile No.:
   (f) **Email Id:**
7. **Address of the deceased at the time of death :** House No :
   Locality: Ward number (in case of town and if available) :
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:
8. **Permanent address of the deceased** : House No :
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:
9. **Place of death** (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death took place) :
   1.Hospital/ Institution **Name :**
   2.House 3. Other place **Address :** House No.:
   Locality: Ward number (in case of town and if available):
   Town or Village: Sub-district: District:
   State or Union Territory: PIN Code:
10. **Informant's Details :-**
    (a) Name: First Name Middle Name Last Name
    (b) Aadhaar No.(if available):
    (c) Mobile No:
    (d) Email Id:
    (e) **Address :** House No. :
    Locality: Ward number (in case of town and if available):
    Town or Village: Sub-district: District:
    State or Union Territory: PIN Code:

DECLARATION: ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under Section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

☐ To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

(After completing all columns 1 to 21, informant will put date and signature)

Date: DD-MM-YYYY **Signature or left thumb mark of the informant**

To be detached and sent for statistical processing

FORM NO.2 (See rule 5)
DEATH REPORT
Statistical information
[SEE REVERSE FOR INSTRUCTIONS]
This part to be detached and sent for statistical processing

To be filled by the informant

11. **Town or village of Residence of the deceased** (Place where the deceased usually lived. This can be different from the place where the death occurred. Tick appropriate entry "Town" or "Village" and write its name):
    Town or Village:
    Sub-district:
    District:
    State or Union Territory:
    PIN Code:
12. **Religion** (Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"):
13. **Occupation of the deceased:**
14. **Type of Medical Attention received before death** (Tick the appropriate entry below):
    1. Institutional
    2. Medical attention other than Institution
    3. No Medical attention
15. **Was the cause of death medically certified?** (Tick the appropriate entry below) :
    1.Yes 2. No
16. **Name of Disease or Actual Cause of Death** (For all deaths irrespective of whether medically certified or not) :
17. **In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy** (Tick the appropriate entry below):
    1.Yes 2. No
18. **If used to habitually smoke – for how many years?**
19. **If used to habitually chew tobacco in any form – for how many years?**
20. **If used to habitually chew arecanut in any form (including pan masala) - for how many years?**
21. **If used to habitually drink alcohol -for how many years?**
22. **EPIC No. of the deceased, if available (on voluntary basis)**

(Columns to be filled are over. Now put signature at left)

to be filled by the Registrar	*To be filled by the Registrar*
Registration No. : Registration Date: D D M M Y Y Y Y Registration Unit : Town / Village: Sub-District: District: Remarks (if any): Cause of Death (as per Form 4 / 4A): **Name and Signature of the Registrar**	Name / Code No. District Sub-District Town / Village : Registration Unit :Registration No. : Registration Date: D D M M Y Y Y Y Date of Death : D D M M Y Y Y Y Sex : Male / Female / Transgender person Age of deceased: Place of death :1. Hospital / Institution 2. House 3. Other place **Name and Signature of the Registrar**

Instructions for completing the Form 2 : DEATH REPORT

Item No.	Instructions
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits Wherever the date is written in words it should be written in full e.g. 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
2,4,5,6,10	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].
3	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.
2(d)	If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours.
7,8,9,10	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.
9	For Place of death tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death took place.
11	Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single / Family Worker / Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker

Note : The informant must ensure that no item in the Death Report Form is left blank to the extent possible.

By order in the name of the Lieutenant Governor,
Andaman and Nicobar Islands

Sd./-
Assistant Secretary (Health)
Andaman and Nicobar Administration