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SERIES : II

Daman 29th January, 2016 9 Magha 1937 (Saka)

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No.

सरकारी राजपत्र OFFICIAL GAZETTE



सत्यमेव जयते
भारत सरकार
Government of India

संघ प्रदेश दमण एवं दीव प्रशासन

U.T. ADMINISTRATION OF DAMAN & DIU

प्राधिकरण द्वारा प्रकाशित
PUBLISHED BY AUTHORITY

U. T. ADMINISTRATION OF DAMAN & DIU
SECRETARIAT, MOTI DAMAN

No. DMN/VAT-2015/2015-2016/451

Dated : 25/01/2016

NOTIFICATION

In exercise of the Power conferred by sub-section (1) of Section 66 of the Daman and Diu Value Added Tax Regulation, 2005 (1 of 2005) and all other powers enabling him in this behalf, the Administrator of Daman, Diu and Dadra & Nagar Haveli is pleased to appoint Shri Umesh Kumar, I A S, as the Commissioner (VAT), Daman & Diu, for carrying out the purpose of the said Regulation with immediate effect.

By order and in the name of the
Administrator of Daman & Diu.

Sd/-
(KISHORE J. BAMANIA)
Joint Secretary (Taxation)

**No. DPS/306(10)/2013-14/1017
Administration of Daman and Diu,
Deptt. of Planning & Statistics,
Secretariat, Fort Area,
Moti Daman – 396 220.**

Dated : 28/01/2016.

Read : Letter No. 1/7/2014-VS(CRS)(Part)/206 dated 16/12/2015 from Dy. Registrar General (CRS) Ministry of Home Affairs, Office of Registrar General, India, New Delhi.

NOTIFICATION

In exercise of the Powers conferred by section 30(1) of the Registration of Births and Deaths Act, 1969, the Administrator of UT of Daman and Diu hereby makes the following rules further to amend the Daman and Diu Registration of Births and Deaths Rules, 2000 namely.

1. Short title, extent and Commencement :
 - i) These rules may be called the Daman and Diu Registration of Births and Deaths (Amendment) Rules, 2016.
 - ii) They shall extend to the whole of the Union Territory of Daman and Diu.
 - iii) They shall come into force from the date of its publication in the Official Gazette.
2. The existing Rules 5(1) will be replaced by the following :

Forms, etc for giving information of Births and Deaths –

The information required to be given to the Registrar under section 8 or 9, as the case may be shall be in revised Forms No. 1, 2 and 3 for the Registration of a birth, death and still birth respectively, hereinafter to be collectively called the reporting forms. Information if given orally, shall be entered by the Registrar in the appropriate reporting forms and the signature/thumb impression of the informant obtained.

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DATED : 29TH JANUARY, 2016.

3. The existing Rules 12(1) will be replaced by the following :

Form of Register under section 16 –

The legal part of the Forms No. 1, 2 and 3 shall constitute the birth register, death register and still birth register in revised Form Nos. 7, 8 and 9 respectively. The revised Forms No. 1, 2 and 3 are appended herewith.

This is issued in supersession of earlier Notification dated 10/12/2014.

By Order and in the name of the
Administrator of Daman & Diu

Sd/-

(**Dr. S. D. Bhardwaj**)
DY. SECRETARY (PLANNING)

SERIES - II No. 05
DATED : 29TH JANUARY, 2016.

<p>FORM NO. I ADMINISTRATION OF DAMAN AND DIU (U.T) DEPARTMENT OF PLANNING AND STATISTICS, BIRTH REPORT (See Rule 5) LEGAL INFORMATION <i>This part to be added to the Birth Register</i> <i>To be filled by the Informant</i></p>	<p>ADMINISTRATION OF DAMAN AND DIU (U.T) DEPARTMENT OF PLANNING AND STATISTICS, BIRTH REPORT (See Rule 5) STATISTICAL INFORMATION <i>This part to be detached and sent for statistical processing</i> <i>To be filled by the Informant</i></p>	<p>FORM NO. I <i>In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc. as the case may be, in the remarks column in the box below left.</i></p>
<p>1. DATE OF BIRTH: (Enter the exact day, Month and year the child was born e.g. 1-1-2000)</p> <p>2. SEX: (Enter "Male", "Female" or "Transgender" Do not use abbreviation)</p> <p>3. NAME OF THE CHILD, IF ANY: (If not named, leave blank)</p> <p>4. NAME OF THE FATHER: (Full name as usually written) UID NO. OF FATHER (if any) : [] [] [] [] [] [] [] [] [] []</p> <p>5. NAME OF THE MOTHER: (Full name as usually written) UID NO. OF MOTHER (if any) : [] [] [] [] [] [] [] [] [] []</p> <p>6. ADDRESS OF PARENTS AT THE TIME OF BIRTH OF THE CHILD:</p> <p>7. PERMANENT ADDRESS OF PARENTS:</p> <p>8. PLACE OF BIRTH: (Tick the appropriate entry 1 or 2 below and give the name and address of the Hospital/ Institution or the address of the place where the birth took place) 1. HOSPITAL / INSTITUTION NAME: 2. HOUSE ADDRESS:</p> <p>9. INFORMANT'S NAME: ADDRESS: (After completing all columns 1 to 22, Informant will put date and signature here :) DATE:</p>	<p>10. TOWN OF VILLAGE OF RESIDENCE OF THE MOTHER: (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.)</p> <p>a) NAME OF TOWN/ VILLAGE:</p> <p>(b) IS IT A TOWN OR VILLAGE: (Tick the appropriate entry below)</p> <p>1. TOWN:</p> <p>2. VILLAGE:</p> <p>c) NAME OF DISTRICT:</p> <p>d) NAME OF STATE:</p> <p>11. RELIGION OF THE FAMILY: (Tick the appropriate entry below)</p> <p>1. HINDU 2. MUSLIM 3. CHRISTIAN 4. ANY OTHER RELIGION: (write name of the religion)</p> <p>12. FATHER'S LEVEL OF EDUCATION: (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p>13. MOTHER'S LEVEL OF EDUCATION: (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p> <p>14. FATHER'S OCCUPATION: (If no occupation, write 'Nil')</p> <p>15. MOTHER'S OCCUPATION: (If no occupation, write 'Nil')</p>	<p>16. AGE OF THE MOTHER AT THE TIME OF MARRIAGE: (In completed years) if married more than once, age at first marriage may be entered</p> <p>17. AGE OF THE MOTHER AT THE TIME OF THIS BIRTH: (In completed years)</p> <p>18. NUMBER OF CHILDREN BORN ALIVE TO THE MOTHER SO FAR INCLUDING THIS CHILD: (Number of children born alive to include also those from earlier marriage(s), if any)</p> <p>19. TYPE OF ATTENTION AT DELIVERY: (Tick one of the appropriate entry below)</p> <p>1. Institutional - Government 2. Institutional -Private or non-Government 3. Doctor, Nurse or Trained midwife 4. Traditional Birth Attendant 5. Relatives or others</p> <p>20. METHOD OF DELIVERY: (Tick the appropriate entry below)</p> <p>1. Natural 2. Caesarean 3. Forceps/Vacuum 21. BIRTH WEIGHT (in Kgs) (if available) :</p> <p>22. DURATION OF PREGNANCY (in weeks) :</p> <p>(Columns to be filled are over, now put signature at left)</p>
<p>TO BE FILLED BY THE REGISTRAR</p> <p>SIGNATURE OR LEFT THUMB MARK OF THE INFORMANT</p> <p>REGISTRATION NO. _____ REGISTRATION UNIT: _____ TOWN/ VILLAGE: _____ REMARKS: (IF ANY)</p>	<p>NAME: _____ DISTRICT: _____ TEHSIL: _____ TOWN/VILLAGE: _____ REGISTRATION UNIT: _____</p>	<p>REGISTRATION NO: _____ REGISTRATION DATE: _____ SEX: 1. MALE 2. FEMALE 3. TRANSGENDER PLACE OF BIRTH: 1. HOSPITAL/ INSTITUTION 2. HOUSE</p>
<p>NAME AND SIGNATURE OF THE REGISTRAR</p>		<p>NAME AND SIGNATURE OF THE REGISTRAR</p>

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DATED : 29TH JANUARY, 2016.

FORM NO. 2

FORM NO. 2 ADMINISTRATION OF DAMAN AND DIU (U.T) DEPARTMENT OF PLANNING AND STATISTICS DEATH REPORT
(See Rule 5)
LEGAL INFORMATION
This part is to be added to the Death Register
To be filled by the Informant

1. DATE OF DEATH :
2. NAME OF THE DECEASED :
3. SEX OF THE DECEASED :
4. NAME OF MOTHER:
5. NAME OF FATHER:
6. AGE OF THE DECEASED :
7. ADDRESS OF THE DECEASED AT THE TIME OF DEATH:
8. PERMANENT ADDRESS OF THE DECEASED :
9. PLACE OF DEATH : (Tick the appropriate entry 1, 2 or 3 below and give the name and address of the Hospital/ Institution or the address of the place where the death took place. If other place, give location)
 1. HOSPITAL/ INSTITUTION NAME :
 2. HOUSE ADDRESS:
 3. OTHER PLACE :
10. INFORMANT'S NAME :

ADDRESS:

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

DATE :

SIGNATURE OR LEFT THUMB MARK OF THE INFORMANT
TO BE FILLED BY THE REGISTRAR

REGISTRATION NO. :

REGISTRATION UNIT :

TOWN/ VILLAGE :

REMARKS : (IF ANY)

NAME AND SIGNATURE OF THE REGISTRAR

ADMINISTRATION OF DAMAN AND DIU (U.T) DEPARTMENT OF PLANNING AND STATISTICS DEATH REPORT
(See Rule 5)
STATISTICAL INFORMATION
This part to be detached and sent for statistical processing
To be filled by the Informant

11. TOWN OF VILLAGE OF RESIDENCE OF THE DECEASED : (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.)
- a) NAME OF TOWN/ VILLAGE:
- (b) IS IT A TOWN OR VILLAGE: (Tick the appropriate entry below)
 1. TOWN :
 2. VILLAGE:
 3. CHRISTIAN
- c) NAME OF DISTRICT :
- d) NAME OF STATE :
12. RELIGION : (Tick the appropriate entry below)
 1. HINDU
 2. MUSLIM
 3. CHRISTIAN
 4. ANY OTHER RELIGION : (write name of the religion)
13. OCCUPATION OF THE DECEASED:
- (If no occupation, write 'Nil')
14. TYPES OF MEDICAL ATTENTION RECEIVED BEFORE DEATH : (Tick the appropriate, entry below)
 1. INSTITUTIONAL
 2. MEDICAL ATTENTION OTHER THAN INSTITUTION
 3. NO MEDICAL ATTENTION

FORM NO. 2

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?

Remarks :

(Columns to be filled are over, now put signature at left)

TO BE FILLED BY THE REGISTRAR

REGISTRATION NO. :

DATE OF DEATH :

AGE :

SEX : 1. MALE 2. FEMALE 3. TRANSGENDER

YEARSMONTHSDAYS/HOURS

PLACE OF DEATH : 1. HOSPITAL/ INSTITUTION 2. HOUSE 3. OTHER PLACE

REGISTRATION UNIT :

TOWN/ VILLAGE :

NAME AND SIGNATURE OF THE REGISTRAR

SERIES - II No. 05
DATED : 29TH JANUARY, 2016.

<p>FORM NO. 3 ADMINISTRATION OF DAMAN AND DIU (U.T) DEPARTMENT OF PLANNING AND STATISTICS STILL BIRTH REPORT <small>(See Rule 5)</small> LEGAL INFORMATION</p> <p><i>This part to be added to the Still Birth Register</i> <i>To be filled by the informant</i></p> <p>1. DATE OF BIRTH: (Enter the exact day, Month and year e.g. 1-1-2000)</p> <p>2. SEX: (Enter "male", "Female" or "Transgender" Do not use abbreviation)</p> <p>3. NAME OF THE FATHER: (Full name as usually written) UID NO. OF FATHER (if any) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table></p> <p>4. NAME OF THE MOTHER: (Full name as usually written) UID NO. OF MOTHER (if any) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table></p> <p>5. PLACE OF BIRTH: (Tick the appropriate entry below and give the name of the Hospital/ Institution or the address of the house where the birth took place)</p> <p>1. HOSPITAL / INSTITUTION NAME</p> <p>2. HOUSE ADDRESS:</p> <p>6. INFORMANT'S NAME:</p> <p>Address:</p> <p><i>(After completing all columns 1 to 12, informant will put date and signature here :)</i></p>																																															<p>ADMINISTRATION OF DAMAN AND DIU (U.T) DEPARTMENT OF PLANNING AND STATISTICS STILL BIRTH REPORT <small>(See Rule 5)</small> STATISTICAL INFORMATION</p> <p><i>This part to be detached and sent for statistical processing</i> <i>To be filled by the informant</i></p> <p>7. TOWN OF VILLAGE OF RESIDENCE OF THE MOTHER: (Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.)</p> <p>a) NAME OF TOWN/ VILLAGE:</p> <p>(b) IS IT A TOWN OR VILLAGE: (Tick the appropriate entry below)</p> <p>1. TOWN:</p> <p>2. VILLAGE:</p> <p>c) NAME OF DISTRICT:</p> <p>d) NAME OF STATE:</p> <p>8. AGE OF THE MOTHER (in completed years) AT THE TIME OF BIRTH:</p> <p>9. MOTHER'S LEVEL OF EDUCATION</p> <p>(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p>
<p>FORM NO. 3</p> <p>In the case of multiple births, fill in a separate Form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.</p>	<p><i>To be filled by the informant</i></p> <p>10. TYPE OF ATTENTION AT DELIVERY: (Tick the appropriate entry below)</p> <p>i) INSTITUTIONAL - GOVERNMENT</p> <p>ii) INSTITUTIONAL - PRIVATE OR NON-GOVERNMENT</p> <p>iii) DOCTOR, NURSE OR TRAINED MIDWIFE</p> <p>iv) TRADITIONAL BIRTH ATTENDANT</p> <p>v) RELATIVES OR OTHERS</p> <p>11. DURATION OF PREGNANCY (in week):</p> <p>12. CAUSE OF FOETAL DEATH: (if known)</p> <p><i>(Columns to be filled are over, now put signature at left)</i></p>																																														
<p>NAME:</p> <p>DISTRICT:</p> <p>TAHSIL:</p> <p>TOWN/VILLAGE:</p> <p>REGISTRATION UNIT:</p>	<p>TO BE FILLED BY THE REGISTRAR</p> <p>REGISTRATION NO:</p> <p>DATE OF BIRTH:</p> <p>SEX: 1. MALE 2. FEMALE 3. TRANSGENDER</p> <p>PLACE OF BIRTH: 1. HOSPITAL/ INSTITUTION 2. OTHER PLACE</p> <p>NAME AND SIGNATURE OF THE REGISTRAR</p>																																														

**No. ADTr./DMN/RRs/455(Part)/AMVI/2015-16/384
Administration of Daman & Diu,
Office of the Assistant Director of Transport,
New RTO Complex, Airport Road,
Nani Daman – 396 210**

Dated : 28/01/2016

NOTIFICATION

In exercise of the powers vested in him conferred by the proviso to Article 309 of Constitution and in supersession of the existing Recruitment Rules for the post, the Administrator of Daman & Diu and Dadra & Nagar Haveli is pleased to make the following rules regulating the method recruitment to the post of **Assistant Motor Vehicles Inspector, Group "C" (Non Gazetted, Non-Ministerial)** in the Transport Department in the Union Territory of Daman & Diu namely :-

(1) SHORT TITLE, APPLICATION AND COMMENCEMENT :

- (i) These rules may be called the Administration of Daman & Diu, **Assistant Motor Vehicles Inspector, Group "C" (Non Gazetted, Non-Ministerial)** posts Recruitment Rules, 2016.
- (ii) They shall apply to the posts specified in column – 1 of the schedule to these Rules.
- (iii) These rules will come into effect from the date of publication of this Notification in the official Gazette and will relate to appointment to the various posts made on or after this date.

(2) NUMBER OF POSTS, CLASSIFICATION AND SCALE OF PAY :

The number of posts, classification of the said posts and scales of pay attached thereto shall be as specified in Column 2 to 4 of the Schedule to these rules: Provided that, the Administrator of Daman & Diu may vary the number of posts in Column 2 of the said Schedule from time to time subject to exigencies of work.

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(3) **METHOD OF RECRUITMENT, AGE LIMIT, QUALIFICATIONS ETC :**

The method of recruitment to the said posts, age limit, qualification and other matters connected therewith shall be as specified in Column 5 to 13 of the aforesaid Schedule.

(4) **DISQUALIFICATION :**

No Person (a) who has entered into or contracted a marriage with a person having a spouse living, or (b) who, having a spouse living, has entered into or contracted a marriage with any person shall be eligible for appointment to the service.

Provided that, the Administrator of Daman & Diu, may, if satisfied that such marriage is permissible under the personnel law applicable to such person and other party to the marriage and that there are other grounds for so doing, exempt any person from the operation of this rule.

(5) **POWER TO RELAX :**

Where the Administrator of Daman & Diu is of the opinion that, it is necessary or expedient so to do, he may, by order, and for reasons to be recorded in writing, relax any of the provisions of these rules with respect to any class or category of persons.

(6) **SAVING :**

Nothing in these rules shall affect reservations, relaxation of age limit and other concessions required to be provided for Scheduled Castes and Scheduled Tribes, and the other special categories of persons in accordance with the orders issued by the central Government from time to time in this regard.

By Order and in the name of the
Administrator of Daman & Diu
and Dadra & Nagar Haveli.

Sd/-
Deputy Secretary (Transport)

RECRUITMENT RULES FOR THE POST OF **ASSISTANT MOTOR VEHICLES INSPECTOR** IN THE TRANSPORT DEPARTMENT,
DAMAN & DIU

SCHEDULE

Name of the Post	No. of Post	Classification	Pay Band and Grade Pay / Pay Scale	Whether Selection post or Non-selection	Age Limit for direct recruits	Educational and other qualifications required for direct recruits
1 Assistant Motor Vehicles Inspector	2 01 (2015) (subject to variation dependent on work load)	3 General Central Services Group 'C' (Non Gazetted, Non-Ministerial)	4 PB - 1 ₹ 5200-20200 + GP ₹ 2800/-	5 Not Applicable	6 Between 18 and 27 years. Note :- Upper age-limit relaxable for departmental candidates upto 40 years.	7 Essential: i) Degree in Automobile Engineering/ Mechanical Engineering awarded by a recognized University OR Diploma in Automobile Engineering/Mechanical Engineering awarded by the State Board of Technical Education (3 years course) ii) Working experience of atleast one year in Automobile workshop which undertakes repairs of both Light Motor Vehicles, Heavy Goods Vehicles and Heavy Passenger Motor Vehicles fitted with Petrol and Diesel Engine. iii) Must hold a driving licence authorizing him to drive Motor Cycle, Heavy Goods Vehicles and Heavy Passenger Motor Vehicle. Desirable: Knowledge of English, Hind and Gujarati language.

SERIES - II No. 05
 DATED : 29TH JANUARY, 2016.

Whether Age & Educational Qualification prescribed for direct recruits will be applicable in the case of promotees	Period of Probation, if any	Method of Recruitment whether by direct recruitment or by promotion or by deputation / absorption and percentage of vacancies to be filled by various methods	In case of recruitment by promotion/deputation / absorption grades from which promotion/ Deputation/ Absorption is to be made	If a Departmental Promotion Committee exists what is its composition	Circumstances in which Union Public Service Commission to be consulted in making recruitment
8	9	10	11	12	13
Not Applicable	2 Years	100 % By Direct Recruitment	Not Applicable	Not Applicable	Not Applicable

Sd/-
 Deputy Secretary (Transport)

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