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.


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.
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)

※ ※ ※
**Form No. 1**

**Administration of Damans and DIU (U.T.) Department of Planning and Statistics, Birth Report**

**Legal Information**

This part is to be added in the Birth Register.

**To be filled by the informant:**

1. **Date of Birth:** .................................................. (Enter the exact day, month and year the child was born e.g. 1-1-2000)
2. **Sex:** .................................................................
3. **Name of the child, if any:** ........................................
   *(If not named, leave blank)*
4. **Name of the father:** .............................................
   *(Full name as usually written)*
5. **Name of the mother:** ............................................
   *(Full name as usually written)*
6. **Address of Parents at the Time of Birth of the Child:**
7. **Permanent Address of Parents:**
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:** .................................................
9. **Informant's Name:** ................................................
   *(After completing all columns 1 to 22, informant will put date and signatures here:)*
   
   **Signature or left thumb mark of the informant:**

**To be filled by the Registrar:**

**Registration No:** .................................................
**Registration Date:** .............................................
**Town/Village:** ...................................................
**Remarks: (If any):** ..............................................
**Name and signature of the Registrar:**

---

**Form No. 1**

**Administration of Damans and DIU (U.T.) Department of Planning and Statistics, Birth Report**

**Statistical Information**

This part is to be detailed and sent for statistical purposes.

**To be filled by the informant:**

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.)*
   *(Tick the appropriate entry below)*
   1. **Name of Town/Village:** ....................................
   2. **Name of District:** ...........................................
   3. **Name of State:** .............................................
11. **Religion of the Family:** *(Tick the appropriate entry below)*
   1. Hindu
   2. Muslim
   3. Christian
   4. Any Other Religion
   *(Write name of the religion)*
12. **Father's Level of Education:** *(Enter the complete level of education e.g., if studied up to class VII but passed only class VI, write class VI)*
13. **Mother's Level of Education:** *(Enter the complete level of education e.g., if studied up to class VII but passed only class VI, write class VI)*
14. **Father's Occupation:** .......................................
   *(If no occupation, write "Nil")
15. **Mother's Occupation:** .......................................
   *(If no occupation, write "Nil")

---

16. **Age of the Mother at the Time of Marriage:** *(If completed years)*
   *(If married more than once, age at first marriage may be entered)*
17. **Age of the Mother at the Time of this Birth:** *(In completed years)*
18. **Number of Children Born Alive to the Mother so far including this child:** *(Number of children born alive to include also those born earlier married, if any)*
19. **Type of Attention at Delivery:** *(Tick one of the appropriate entry below)*
   1. Institutional - Government
   2. Institutional - Private or non-Government
   3. Doctor, Nurse or Trained midwife
   4. Traditional Birth Attendant
   5. Relative or others
20. **Method of Delivery:** *(Tick the appropriate entry below)*
   1. Natural
   2. Caesarean
   3. Forceps/Vacuum
21. **Birth Weight (in Kg)** *(If available):* .................
22. **Duration of Prenancy (in weeks):** ........................

*(Columns to be filled are over, now put signature at left)*
| FORM NO. 2 | ADMINISTRATION OF DAMAN AND DIU (U.T.)  
| DEPARTMENT OF PLANNING AND STATISTICS  
| DEATH REPORT  
| (See rules 5)  
| PERSONAL INFORMATION  
| This part is to be filled by the informant  
| 1. DATE OF DEATH: ........................................ (Enter the exact day, Month and year of the death date e.g. 1-1-2000)  
| 2. NAME OF THE DECEASED: ...................................... (Full name as usually written)  
| UID NO. OF DECEASED: ........................................ (If any)  
| 3. SEX OF THE DECEASED: ...................................... (Enter "Male", "Female" or "Transgender"; do not use abbreviation)  
| UID NO. OF MOTHER: ........................................ (If any)  
| 4. NAME OF MOTHER: ........................................ (If any)  
| UID NO. OF FATHER: ........................................ (If any)  
| 5. NAME OF FATHER: ........................................ (If any)  
| UID NO. OF HUSBAND / WIFE ( If any): ........................................ (If any)  
| 6. NAME OF HUSBAND / WIFE: ...................................... (If any)  
| UID NO. OF HUSBAND / WIFE: ...................................... (If any)  
| 7. AGE OF THE DECEASED: .................................................. (If any deceased was over 1 year of age, give age in completed years, if 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)  
| 8. ADDRESS OF THE DECEASED AT THE TIME OF DEATH: ..................................................  
| 9. PERMANENT ADDRESS OF THE DECEASED: ..................................................  
| 10. PLACE OF DEATH: .................................................. (Tick the appropriate entry only 1,2 or 3 below and write the name and address of the Hospital/ Institution or the address of the place where the death took place. If other place, give location)  
| HOSPITAL / INSTITUTION NAME:  
| ADDRESS:  
| OTHER PLACE: ..................................................  
| 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)  
| 12. RELIGION: (Tick the appropriate entry below)  
| 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, only 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 OF DEATH OCCUR OR 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  
| NAME: ........................................  
| CODE NO: ........................................  
| REGISTRATION NO: ........................................  
| REGISTRATION UNIT: ........................................  
| DISTRICT: ........................................  
| TOWN/VILLAGE: ........................................  
| DATE OF DEATH: ........................................  
| SEX: 1. MALE 2. FEMALE 3. TRANSGENDER  
| AGE:  
| YEARS: ........................................  
| MONTHS: ........................................  
| DAYS: ........................................  
| HOURS: ........................................  
| PLACE OF DEATH: 1. HOSPITAL/ INSTITUTION 2. HOUSE 3. OTHER PLACE  
| NAME AND SIGNATURE OF THE REGISTRAR  

| TO BE FILLED BY THE REGISTRAR  
| NAME: ........................................  
| CODE NO: ........................................  
| REGISTRATION NO: ........................................  
| REGISTRATION UNIT: ........................................  
| DISTRICT: ........................................  
| TOWN/VILLAGE: ........................................  
| DATE OF DEATH: ........................................  
| SEX: 1. MALE 2. FEMALE 3. TRANSGENDER  
| AGE:  
| YEARS: ........................................  
| MONTHS: ........................................  
| DAYS: ........................................  
| HOURS: ........................................  
| PLACE OF DEATH: 1. HOSPITAL/ INSTITUTION 2. HOUSE 3. OTHER PLACE  
| NAME AND SIGNATURE OF THE REGISTRAR  

Page 5 of 10
**FORM NO. 3
ADMINISTRATION OF DAMAN AND DIU (U.T.)
DEPARTMENT OF PLANNING AND STATISTICS
STILL BIRTH REPORT
(See Rule 8)
LEGAL INFORMATION
This part to be added to the Still Birth Register.

To be filled by the informant

1. **DATE OF BIRTH:** ..............................
   (Enter the exact day, Month and year
   e.g. 1-1-2000)

2. **SEX:** (Enter "Male", "Female" or "Transgender")
   Do not use abbreviation

3. **NAME OF THE FATHER:**
   (Full name as usually written)
   UID NO. OF FATHER (if any)

4. **NAME OF THE MOTHER:**
   (Full name as usually written)
   UID NO. OF MOTHER (if any)

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)
   1. **HOSPITAL/INSTITUTION NAME:** ........................................
   2. **HOUSE ADDRESS:** ......................................................

6. **INFORMANT'S NAME:** ....................................................
   Address: ...........................................................................
   (After completing all columns 1 to 12, informant will put date and signature here.)

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.)
   a) **NAME OF TOWN/VILLAGE:** .................................
   b) **IS IT A TOWN OR VILLAGE?** (Tick the appropriate
      entry below)
      1. **TOWN:** ............................................................
      2. **VILLAGE:** .........................................................
   c) **NAME OF DISTRICT** ............................................
   d) **NAME OF STATE** ..............................................

8. **AGE OF THE MOTHER (in completed years)**
   AT THE **TIME OF BIRTH:** ............................

9. **MOTHER'S LEVEL OF EDUCATION**
   (Enter the completed level of education e.g. if studied
   up to class VII but passed only class VI; write class VI.)

---

**TO BE FILLED BY THE REGISTRAR**

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<th>NAME</th>
<th>CODE NO.</th>
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**REGISTRATION NO.:**

**REGISTRATION UNIT:**

**TOWN/ VILLAGE:**

**REMARKS:** (If any)

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<th>NAME AND SIGNATURE OF THE REGISTRAR</th>
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**REGISTRATION UNIT:**

**TOWN/ VILLAGE:**

**REMARKS:** (If any)

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**SERIES - II \ No. 05**

**DATED: 29TH JANUARY, 2016.**

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**FORM NO. 3**

**ADMINISTRATION OF DAMAN AND DIU (U.T.)**

**DEPARTMENT OF PLANNING AND STATISTICS**

**STILL BIRTH REPORT**

(See Rule 8)

**STATISTICAL INFORMATION**

This part to be detached and sent for statistical processing.

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| 10. **TYPE OF ATTENTION AT DELIVERY:** (Tick
   the appropriate entry below)
   a) **INSTITUTIONAL - GOVERNMENT**
   b) **INSTITUTIONAL - PRIVATE OR NON-
      GOVERNMENT**
   c) **DOCTOR, NURSE OR TRAINED MIDWIFE**
   d) **TRADITIONAL BIRTH ATTENDANT**
   e) **RELATIVES OR OTHERS**

11. **DURATION OF PREGNANCY:** (in weeks):

12. **CAUSE OF FETAL DEATH:**
   (If known):
   (Columns to be filled are over,
   now put signature at left.)

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**Page 6 of 10**
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.

Contd...
(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**

<table>
<thead>
<tr>
<th>Name of the Post</th>
<th>No. of Post</th>
<th>Classification</th>
<th>Pay Band and Grade Pay / Pay Scale</th>
<th>Whether Selection post or Non-selection</th>
<th>Age Limit for direct recruits</th>
<th>Educational and other qualifications required for direct recruits</th>
</tr>
</thead>
</table>
| **Assistant Motor Vehicles Inspector** | 01 (2015) (subject to variation dependent on work load) | General Central Services Group 'C' (Non Gazetted, Non-Ministerial) | PB - 1 ₹ 5200-20200 + GP ₹ 2800/- | Not Applicable | Between 18 and 27 years.  
**Note :-** Upper age-limit relaxable for departmental candidates upto 40 years. | **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 at least 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, Hindi and Gujarati language.
<table>
<thead>
<tr>
<th>Whether Age &amp; Educational Qualification prescribed for direct recruits will be applicable in the case of promotees</th>
<th>Period of Probation, if any</th>
<th>Method of Recruitment whether by direct recruitment or by promotion or by deputation / absorption and percentage of vacancies to be filled by various methods</th>
<th>In case of recruitment by promotion/deputation / absorption grades from which promotion/Deputation/ Absorption is to be made</th>
<th>If a Departmental Promotion Committee exists what is its composition</th>
<th>Circumstances in which Union Public Service Commission to be consulted in making recruitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>2 Years</td>
<td>100 % By Direct Recruitment</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Sd/-
Deputy Secretary (Transport)

+ + +