# How To Register The Death Event Occurred At Home In The Territorial Jurisdiction Of The MCD

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# **Accessing MCD Web Portal**



# **Accessing Registration of Birth And Death Application**







# **Accessing Citizen Login**





PUBLIC HEALTH DEPARTMENT, MCD



# **Registering the Mobile Number in MCD Web Portal**

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View Instruction and Guidelines         Image: State of State o	window !
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East Delhi Municipal Corporation       Disclaimer         Copyright © 2019       This Site Is Design, Developed And Hosted By National Informatics Centre         Compatible Browsers       Ministry Of Electronics & Information Technology, Government Of India         The Contents Of This Website Are Updated Owned By EDMC, Contact Web Information Manager	EN D. Am.

एक कदम स्वच्छता की ओर

# Filling up Mandatory Information for Mobile No. Registering







# Accessing through Registered Mobile No. for filling up of the Death Registration Form/Downloading Registered Death Certificate



Wear Mask...Follow Physical Distancing...Maintain Hand Hygiene

एक कदम स्वच्छता की ओर

# Page visible after submitting the Registered Mobile No. and OTP



Wear Mask...Follow Physical Distancing...Maintain Hand Hygiene

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A	en/hospital/death/registration	DEVIN	IDER SINGH BHANDARI +
DIIC DEIhi Municipal Corpor	We are committed to serving you better by upgrading the portal w	th efficient functionalities on regular intervals. Therefore, a maintenance window has been reserved from 11 PM to 1	2 Al Digital India
	FORM NO. 2 DEATH REGISTRATIC	N (TO BE FILLED BY THE INFORMANT)	
	I LEGAL INFORMATION		10. 111 an
	DATE AND TIME OF DEATH (ENTER THE EXACT DAY, MONTH, YEAR AND TIME THE DEATH TOOK PLACE): *	GENDER OF THE DECEASED (CHOOSE FROM MALE/FEMALE/TRANSGENDER/OTHERS) : *	mandatory fields
	DATE OF DEATH: * TIME OF DEATH:	III Select Gender of The Deceased 🗸	in the application
	DD/MM/YYYY O HH:MM		
	NAME OF DECEASED (FULL NAME AS USUALLY WRITTEN): *	UID NO (AADHAR ID) OF DECEASED (IN ANY):	×.
	Enter Name Of Deceased	Enter UID/Aadhar Of Deceased	
	AGE OF THE DECEASED: IF THE DECEASED WAS OVER 1 YEAR OF AGE, GIVE AGE IN COMPLETED YEARS: *		₽
	III Select Year 🗸		
	RELIGION OF THE DECEASED: *		
	Select Religion		
	OCCUPATION OF THE DECEASED (IF NO OCCUPATION CHOOSE "NOT APPLICABLE"): *	TYPE OF MEDICAL ATTENTION RECEIVED BEFORE DEATH: *	
	Select Occupation Of The Deceased	Select Medical Attention Received Before Death	
	WAS THE CAUSE OF DEATH MEDICALLY CERTIFIED?: *		
	● NO ◯ YES		
	NAME OF DISEASE OR ACTUAL CAUSE OF DEATH (FOR ALL DEATHS IRRESPECTIVE OF WHETHER MEDICALLY CERTIFIED OR NOT): *		
	Enter Name Of Disease Or Actual Cause Of Death		
	IF USED TO HABITUALLY SMOKE - FOR HOW MANY YEARS?	IF USED TO HABITUALLY CHEW TOBACCO IN ANY FORM - FOR HOW MANY	
	Enter In Years	TLAKS?	
		Chier in Years	





We are committed to serving you better by upgrading the portal w	th efficient functionalities on regular intervals. Therefore, a maintenance window has been reserved from 11 PM to 12 AI	a.
IF USED TO HABITUALLY CHEW ARECANUT IN ANY FORM (INCLUDING PAN MASALA), EOR HOW MANY YEARS?	IF USED TO HABITUALLY DRINK ALCOHOL - FOR HOW MANY YEARS?	
Enter In Yoare	Enter In Years	
	UID NO (AADHAR ID) OF MOTHER (IF ANY):	
Enter Name Of Mother	Forter UID/Aadhar Of Mother	10.a. Fill a
NAME OF FATHER/HUSBAND: *	UID NO (AADHAR ID) OF FATHER (IF ANY):	
Enter Name Of Father/Husband	Enter UID/Aadhar Of Father	mandatory
PARENT / GUARDIAN MOBILE NUMBER: *	PARENT EMAIL ADDRESS:	fields in th
□ 91    Enter Parent's Mobile Number	Enter Parent's Email Address	neius in th
ICD CODE:	MARITAL STATUS OF DECEASED: *	annlication
III Select ICD	III Marital Status	application
Note: "Other Place" Of "Death" Means The Places Apart From Hon	e And Institutions (Hospital/Clinic/Nursing Home Etc).	i
IE DECEASED RESIDENCE ADDRESS		
(PLACE WHERE DECEASED ACTUALLY LIVED. THIS CAN BE DIFFERENT FROM PI THE HOUSE ADDRESS IS NOT REQUIRED TO BE ENTERED.) IS DECEASED ADDRESS SAME AS THE DEATH PLACE ADDRESS	ACE WHERE DEATH OCCURED.	
ADDRESS: *		
ADDRESS: *	Enter Name Of Town / Village	
ADDRESS: *  Enter Address COUNTRY: *	Enter Name Of Town / Village           STATE: *	
ADDRESS: *  Enter Address COUNTRY: *  III INDIA	III     Enter Name Of Town / Village       STATE: *       III     Select State	
ADDRESS: *      Enter Address  COUNTRY: *      III INDIA   DISTRICT: *	III     Enter Name Of Town / Village       STATE: *     III       III     Select State       PINCODE: *	
ADDRESS: *  Enter Address COUNTRY: *  III INDIA  IIII Select District	III       Enter Name Of Town / Village         STATE: *       III         III       Select State         PINCODE: *       III         III       Enter 6 Digits PIN No.	

Wear Mask...Follow Physical Distancing...Maintain Hand Hygiene

एक कदम स्वच्छता की ओर

East Delhi Municipal Corpo	11 PM to 12 AM for necessary improvisations. Inconvenience, if an ration	y, is regretted. NOV	Pipital India	
	I ADDRESS DETAILS			
	COUNTRY: *  Select State  Select State Select State  Select State Select State Select State Select State Select State Select State Select State Select State Select State		HELP DESK	10.b. Fill all mandatory fields in the
	Emer 6 Ligits PIN No.    III INFORMANT'S DETAILS  INFORMANT'S NAME: *   A Enter Informant's Name MOBILE NUMBER: *   9 1  Enter Informant's Mobile Number    INFORMANT'S ADDRESS   IS INFORMANT'S ADDRESS SAME AS THE PERMANENT ADDRESS	RELATION WITH DECEASED: *  III Select Relation  EMAIL ADDRESS:  Enter Informant's Email Address		application
	ADDRESS: *	NAME OF TOWN/CITY/VILLAGE:	<b>^</b>	
	Enter Address	<ul> <li>Enter Name Of Town/City/Village</li> </ul>	·	





INFORMANT'S DETAILS				
INFORMANT'S NAME: *		RELATION WITH DECEASED: *		
Letter Informant's Name		III Select Relation	~	
MOBILE NUMBER: *		EMAIL ADDRESS:		
D 91 V Enter Informant's Mobile Number		Enter Informant's Email Address		
* INFORMANT'S ADDRESS				
ADDRESS: *	33	NAME OF TOWN/CITY/VILLAGE:		
Enter Address		<ul> <li>Enter Name Of Town/City/Village</li> </ul>		
COUNTRY: *		STATE: *		
INDIA INDIA	~	Select State	~	
DISTRICT: *		PINCODE: *		
Select District	~	P Enter 6 Digits PIN No.		
USER REMARK				
USER REMARK(Max Length 500 Chars)				
Enter the User Remark				
	h			

10.c. Fill all mandatory fields in the application

#### PUBLIC HEALTH DEPARTMENT, MCD



# Part Of The Application For Uploading Requisite Documents

C      mcdomine.nc.in/robedmc/web/dtbzen/ndspital/death/registration     To The	₩ \$ <b>8</b>	V :
Ext Delhi Municipal Corporation	We are committed to serving you better by upgrading the portal with efficient functionalities o	India
E USER REMARK		
USER REMARK(Max Length 500 Chars) Enter the User Remark		
UPLOAD REQUIRED DOCUMENTS Note: 1. Scan Both Sides Of The Required Document(\$) And Upload A Single P 2. ID Can Be Ration Card/Ban Card/Ba	10F With Size Upto 2 MG. pok/Voter Id Card Etc.	[Note : Keep scanned PDF copies of your IDs (Like Aadhaar ID,
1. CREMATION BURIAL GROUND RECEIPT/DEATH SUMMARY/FIRMLC/DD/GENERAL DAIRY(IN CASE OF BROUGHT DEAD)	2 chosen	Ration card etc), death cremation / burial ground slip,
2.10 OF INFORMANTIMS     Choose File No file     A DUE RUPPORTUG RECUMENT	rchosen	MLR, etc as per applicability ready before proceeding with
4. UTER SUPPORTING DOLUMENT	ichosen	the registration process.]
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# How To Download Death Certificate Of The Death Events Occurred In At Home In MCD Territorial Jurisdiction

- 1. Death occurred at home/non-empanelled hospital, where informant has uploaded the details as per the Standard operating procedure Described In Earlier Slides.
  - 2. Access MCD Web Portal
- 3. Access Citizen Login by entering registered mobile No. and OTP generated.





# Page Displayed After Submission Of Filled Up Death Registration Form

We are commit	ted to serving you better by upgrading the portal with efficien XRDS	ant functionalities on regular intervals. Therefore,	a maintenance window has been reserved from 1	1 PM to 12 AM for necessary improvisations.	Inconvenience,	Digital India Power In Surgeour	
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g Birth and Death Form inth & death and subsequently submission of details t a applied to the zone where the event (birth/death) ha	hereof. Is taken place. Applying to an incorrect zone might lead to rejecti	General Guidelines     ArRead SOP[English Format) to     ArRead SOP[Hind] Format) to un	understand flow of Birth and Death Registration" idenstand flow of Birth and Death Registration"		Previous 1 Nex		submitted application
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g Birth and Death Form ith & death and subsequently submission of details i applied to the zone where the event (birth(death) hi tor. Detail of Late Fees Structure and Documents re(Non- able) Birth / Still Birth Registration	hereof Is taken place. Applying to an incorrect zone might lead to reject taken place. Required Death Registration	> General Guidelines           & "Read SOPEraglish Format) to at & "Read SOPEraglish Format) to at & "Read SOPEraglish Format) to at & "Read SOPEraglish Format) to an > For Hospital Institutional Birth/ > For Hospital Institutional Birth/ > For Donicilary Birth Death. Int > Fill all the details as per the pre-	understand flow of Birth and Death Registration" nderstand flow of Birth and Death Registration" id for Registration of Birth and Death" Death, informant Doctor will register formant Citizce will register scribed form online.		Previous 1 Nex		submitted application
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# **Displaying Certificate Generation After Approval**





# Following Generation Of Certificate, Action For Downloading Certificate

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Pl click 'ACTION" for opening of drop down displaying down load certificate. Click on 'Download certificate' to obtain in PDF form of the death certificate free of cost.

d Hygiene



#### **Prototype Of The Death Certificate Generated And Downloaded**



फॉर्म संख्या / Form No. 6 राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार Govt. of National Capital Territory of Delhi पूर्वी दिल्ली नगर निगम EAST DELHI MUNICIPAL CORPORATION मृत्यु प्रमाण पत्र / Death Certificate



(Issued under section 17 of the Registration of Death Act, 1969 and 8/13 of Delhi Registration of Death Rule, 1999)

This is to certify that the following information has been taken from the original record of DEATH which is the register for East Delhi Municipal Corporation of Shahdara South zone of N.C.T. Delhi

MCDOLIR-0221-280

XXXXXXXXXX

XXXXXXXXXX

01-05-2021

07-05-2021

नाम / Name

लिंग / Gender

मृत्यु की तिथि / Date Of Death

मृत्यु का स्थान / Place Of Death

पंजीकरण की तिथि / Date Of Registration

पंजीकरण संख्या / Registration No

माता का नाम / Name of Mother

पिता/पति का नाम / Name of Father/Husband

जीवनसाथी का नाम / Name of Spouse

वर्तमान पता / Present Address

स्थाई पता / Permanent Address

छपाई की तिथि / Print Date



Note: This certificate is system generated and does not require any seal/signature in original. The authenticity of this certificate can be verified at mcdonline.nic.in

प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करे ENSURE REGISTRATION OF EVERY BIRTH & DEATH



**PUBLIC HEALTH DEPARTMENT, MCD** 

Wear Mask...Follow Physical Distancing...Maintain Hand Hygiene



07-05-2021

UNKNOWN

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