State : ASSAM Report Type: Quarterly

Reporting period: 2018-19 (From April'2018 to 30th June'2018)

Reporting period : 2	010 17	(110III	. tpi ii	2010	o to coth			V: Compi	lation of	f death	andi	it rend	art (C)1191	terly)	<u> </u>						
						FXIIICA	Lui C	· Compi	auvii Vi	ucati	auu	Lercpe) 1 t (\	Zuai	tti iy)							
Name of the District	S.No	Name of the decease d client	Age	Sex	Date of operati	Type of Facility where operatio n was conducte d ((PHC/C HC/DH/ Medical college/A ccredited PVT/NG O Facility)	Camp/ Fixed day Static	Laparoscopi c/ Conventiona	In case of Post Partum Sterilizati on specify if the delivery was Cesarean or normal delivery	n specify the trimeste	Wheth er Writte n consen t obtain ed?	ne used in	Anest hesia used (LA/ GA)	Emp anell ed Prov ider (Y/N)	Date of death	Time of death	Place of Death (Health Facility, Home, on-way to hospital/ home)	Any Post Operati ve complic ations (Y/N)	If yes, Write the Signs/ Sympto ms	Under- lying/ Primary cause of death	By	Acti on Tak en
Baksa		NA																				
Barpeta		NA																			<u> </u>	
Bongaigaon		NA																			<u> </u>	
Cachar		NA																			ĺ	
Chirang		NA																				
Darrang		NA																				
Dhemaji		NA																				
Dhubri		NA																				
Dibrugarh		NA																				
Dima Hasao		NA																				
Goalpara		NA																				
Golaghat		NA																				
Hailakandi		NA																				
Jorhat		NA																				
Kamrup (Metro)		NA																				
Kamrup (Rural)		NA																				
Karbi Anglong		NA																				
Karimganj		NA																				
Kokrajhar		NA																				
Lakhimpur		NA																				
Morigaon		NA																				
Nagaon		NA																				
Nalbari		NA																				
Sivasagar		NA																				
Sonitpur		NA																				

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Name of the District Name of the Post abortion (Minilap/ Nadominal tubal ligation/ Name of the District Na	port (Quarterly)
d client	Anest anell hesia used Prov of (LA/) ider GA) (Y/N) CA CA CA CA CA CA CA C
Tinsukia NA Udalguri NA	