



CHANDIGARH ADMINISTRATION
HEALTH DEPARTMENT



Annexure-III

APPLICATION FOR STERILIZATION OPERATION AND CONSENT FORM

1. Name : Shri/Smt. _____
2. Husband's Name and address _____
3. Father's Name and address _____
4. Operation Centre _____

Dear Sir, Madam,

Kindly make arrangements for my sterilization operation. My age is _____ years and my husband/wife's age is _____ years.

I am married and my husband/wife is alive. We have _____ male and _____ female living children. The age of my youngest living child is _____ years. I have decided to undergo sterilization operation independently and on my own without any outside pressure, inducement or force. I am aware that other methods of contraception are available to me. I know that for all practical purposes this operation is permanent and that, after the operation I will be unable to have any more children. I also know that there are still some chances of failure of the operation for which the hospital/institution and (Operating doctor will not be held responsible by me or my relative or any other person whomsoever. My husband/wife has not been sterilized previously. I am aware that I am undergoing operation which carries an element or risk. I have been explained the eligibility criteria for the operation and I affirm that I am eligible to undergo operation according to criteria. I agree to undergo the operation under any type of anesthesia, which the doctor think suitable for me and to be given other medicines as considered appropriate by the doctor concerned. If after the sterilization operation I get pregnant, then I shall report within two weeks to the doctor/hospital and will get abortion done at free of cost. Under such circumstances, the State Government will pay a compensation of Rs.50.00 to me



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which will be acceptable to me. I know that if I am unable to get the pregnancy aborted within two weeks, then I will not be entitled to claim any compensation from any court of law in this regard. I agree to come for follow up to the centre/doctor as instructed, failing which, I shall be responsible for the consequences, if any. I have read the above mentioned facts/information in my own language.

Religion : _____

Age : _____

Education Qualification : _____

Business/Occupation : _____

Signature of the witness : _____

Signature of the acceptor/applicant

Full name _____

Full address : _____
(Only for those beneficiaries who can not read and write)

Shri/Smt. _____ has been explained other methods of contraception available and the failures associated with other methods have been explained fully.

Signature of Counselors.

Full Name _____

Full Address _____

I know very well Shri/Smt. _____ and the information given by me/her is correct.

His/her name has been registered with health centre/city centre at Sr.No. _____

Signature of _____

Full Name _____

Full Address _____



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I certify that! have satisfied myself that Shri/Smt. _____ is within the eligible age group and is mentally and medically fit for a sterilization operation. There is no evidence that he/she has undergone a sterilization operation previously. I have explained all clauses to the client and that this form has the authority of a legal documents.

Signature of operating doctor

Signature of medical officer

(Name and address)

(Name and address)

Denial of sterilization

I certify that Shri/Smt. _____ is not suitable client for re sterilization/sterilization for the following reasons.

1. _____
2. _____

He/she has been provided the following alternative methods of contraception.

3. District
1. Male
2. Name of the Head of the
Family

Shri _____

4. Mohalla

Signature of counselor ☐ or
Doctor making decision.

Place of Surgery & Date _____

Registration SI.Number in the
Register of relevant centre/
Hospital _____

(d) Name of Father/Husband

House No. _____



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5. P.H.C./Urban centre _____ 6. Ward _____
7. Religion _____ 8. Caste/general/SC/ST/BW
Class _____
9. Whether married Yes/No 10. Age of applicant (complete years)

11. Age of Husband/wife (complete
Years _____ 12. Number of alive children
13. Age at first marriage (a) Sons (b) Daughters
Age _____ Month _____
Husband _____ Wife _____
14. Educational Qualifications Husband - illiterate/literate/primary/ junior high
School/High School/Graduate and above.
Wife - illiterate/literate/primary/junior High
School/High School/Graduate and above.
15. Difference from the last Termination of Pregnancy (Delivery or abortion)
_____ years _____ and _____

Payment particular:

Note:- Complete particular of different recipients of the amount after sterilization operation. Account particular will be prepared and kept separately.

Amount given to applicant
For _____ of sterilization.

Rupees _____ Paise _____

Signature of applicant

Date _____

Name _____



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Person concerned with the service of the applicant: Name _____
Post _____

Place of Appointment

1. Promoter _____
2. Health Inspector _____
3. Aneisthist _____
4. Surgeon _____

If Tubectomy method adopted.

(Name and address)

Counsellor can be any health personnel including doctor.

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a) To be filled by Health examined/doctor

Note:- If the surgeon is himself health examined, the certificate may be given by him.

Age of the client according to appearance _____

Urine analysis for sugar _____

Blood pressure _____

Whether client has gone sterilization earlier or not _____

As per examination by the doctor, the client is mentally and medically fit for sterilization operation.

I have confirmed from the client regarding his/her marital status and number of living children. I have explained pros and cons of the sterilization operation to the client and he himself is mentally ready for the operation.

Signature of the client

Signature of the Surgeon

(Name in capital Setters)

(Name in capital Setters)

Present place of Posting _____



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(b) Certificate of the surgeon.

Certificate of the Surgeon

I have performed sterilization operation. During the operation there was no visible signs of earlier sterilization and as per appearance he/she was within the age limit for sterilization, if it is female sterilization, the type of operation performed. Abdominal/vigianial/laparoscopic/mini lap/general/local anesthesia use.

Signature of the Surgeon

(Name in capital Letters)

Present place of Posting_____

Economic, social and demographic details of the client undergoing sterilization operation.

Monthly report of the District Family Welfare Bureau should be accompanied by the following proforma.

- | | |
|--|---------------------------|
| a. Male/Female | (a) Number of cases _____ |
| b. Rural/urban | Village_____ |
| c. The end of last pregnancy
delivery/abortion. | Serial No. _____ |

Abdominal/Vaginal/Laprosopic/Laprotomy and General/local anaesthesia.

Encircle the part this is applicable.

Full name (clearly)_____

Present address _____



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16. Whether any contraceptive method
has been adopted earlier: Yes/No
If yes
i) Name of the method _____
ii) Period of the method _____
17. Whether promotor of applicant is regional worker of
family welfare programme Yes/No
If yes, whether applicant is inhabitant of the jurisdiction of
that Worker Yes/No
18. Reason for the application of sterilization: Limited family/diseases/ financial or other.
I certify that above mentioned particular is correct.

Signature _____

Place _____

Full Name _____

Present Address _____