



CHANDIGARH ADMINISTRATION
HEALTH DEPARTMENT



FORM C
(See Rule 8)

I _____ daughter/wife of _____
_____ aged about _____ years of _____
_____ at _____

(here state the permanent address)

Present residing at _____

do hereby give my consent to the termination of my pregnancy at _____

(state the name of place where the pregnancy is to be terminated).

Place :

Date:

Signature

(To be filled in by guardian where the woman is a lunatic or minor)

I, _____ son/daughter/wife of _____
_____ aged about _____ years
of _____ at present

(Permanent address)

residing at _____

do hereby give my consent to the termination of the pregnancy of my ward _____

who is a minor/lunatic at _____

(Place of termination of pregnancy)

Place :

Date:

Signature