

**VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM  
(VADU HDSS)  
VADU RURAL HEALTH PROGRAM, K.E.M HOSPITAL, PUNE  
INMIGRATION REGISTRATION FORM**

Start time of the interview: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		
Interviewer Name : _____ Signature: _____ Date / /		
Q0001	Type of events	01 Migrants from outside Vadu HDSS area 02 Migrants from inside Vadu area( <i>either from one village to another or from one wadi to another</i> )
Q0002	Name of the Respondent ( <i>Respondent should be head of the household or preferably the adult member of the house</i> )	_____
Q0003	Household Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Village      Wadi      Household Number
Q0004	Name of the head of household  Village Name  Wadi Name  Land mark  Phone Number	_____ _____ _____ _____ _____

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Q005	Reason for migration	01 Work/Employment 02 Education 03 Due to marriage 04 Change/shift of house 05 Household separation 06 separated from partner or death of partner 07 Other specify _____					
Q006	Where did you come from?	Village Name _____  Wadi Name _____					
Q007	Date when you came to live here or duration for which you are living here Interviewer: Record the exact date since the first date in that household.	<div style="display: flex; justify-content: space-around; align-items: center;"> <span>/ /</span> <span>OR</span> <span>□□ □□ □□</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Date</span> <span>Month</span> <span>Year</span> <span>Year</span> <span>Month</span> <span>Days</span> </div>					
Sr.No	Name	Relationship with HH (*)	Date of the birth or Age	Sex 01 Male 02 Female	Edu cati on (#)	Marital status (\$)	Occupation
01	Name: _____  P Id □□□ □□□□□□□□□□  C Id □□□ □□□□ □□□□□□□□	01 07 02 08 03 09 04 10 05 11 06 12 88	<div style="text-align: center;">/ /</div> <div style="display: flex; justify-content: center; gap: 10px;"> <span>□□</span> <span>□□</span> <span>□□</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Year</span> <span>Month</span> <span>Days</span> </div>	01  02	01 02 03 04 05 06 07	01 04 02 05 03 06	_____

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Sr.No	Name	Relationship with HH (*)	Date of the birth or Age	Sex 01 Male 02 Female	Edu cati on (#)	Marital status (\$)	Occupation
02	Name: _____ P Id <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C Id <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 07 02 08 03 09 04 10 05 11 06 12 88	/ / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year Month Days	01 02	01 02 03 04 05 06 07	01 04 02 05 03 06	_____
03	Name: _____ P Id <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C Id <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 07 02 08 03 09 04 10 05 11 06 12 88	/ / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year Month Days	01 02	01 02 03 04 05 06 07	01 04 02 05 03 06	_____
04	Name: _____ P Id <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C Id <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 07 02 08 03 09 04 10 05 11 06 12 88	/ / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year Month Days	01 02	01 02 03 04 05 06 07	01 04 02 05 03 06	_____

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Sr.No	Name	Relationship with HH (*)	Date of the birth or Age	Sex 01 Male 02 Female	Edu cati on (#)	Marital status (\$)	Occupation
05	Name: _____ P Id <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C Id <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 07 02 08 03 09 04 10 05 11 06 12 88	/ / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year Month Days	01 02	01 02 03 04 05 06 07	01 04 02 05 03 06	_____
06	Name: _____ P Id <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C Id <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 07 02 08 03 09 04 10 05 11 06 12 88	/ / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year Month Days	01 02	01 02 03 04 05 06 07	01 04 02 05 03 06	_____
07	Name: _____ P Id <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> C Id <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	01 07 02 08 03 09 04 10 05 11 06 12 88	/ / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year Month Days	01 02	01 02 03 04 05 06 07	01 04 02 05 03 06	_____

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**\*Relationship with HH:** 01 Self 02 Spouse (wife/husband) 03 Son/daughter 04 Daughter/son-in-laws 05 Grandson/daughter 06 Mother/father 07 Father/mother-in-laws 08 Brother/sister 09 Step wife 10 Grandmother/ father 11 Other relationship (Specify) 12 No relation but friends /servants/ paying guest 88 Do not know/cannot say

**#Education:** (01) Less than primary education (02) completed primary education (03) completed secondary school (04) completed higher secondary school (05) completed graduation (06) completed post graduation (07) Illiterate

**\$Marital status:** (01) Married (02) remarried (widow/ widower ) (03) separated (04) Divorced (05) widow/widower (06) unmarried

End time of the interview:  :

Checked by \_\_\_\_\_ Signature: \_\_\_\_\_ Date:     /     /

Name of the data entry operator: \_\_\_\_\_ Signature : \_\_\_\_\_ Date:     /     /