



తెలంగాణ రాజ పత్రము
THE TELANGANA GAZETTE
PART - I EXTRAORDINARY
PUBLISHED BY AUTHORITY

No. 23]

HYDERABAD, TUESDAY, JANUARY 28, 2025.

NOTIFICATIONS BY GOVERNMENT

—X—

HEALTH, MEDICAL AND FAMILY WELFARE DEPARTMENT

(H)

UPDATED FORMATS FOR THE DOCUMENTATION OF MTP UNDER THE PROVISIONS OF THE MEDICAL TERMINATION OF PREGNANCY ACT, 1971 (CENTRAL ACT 34 OF 1971) AND THE MEDICAL TERMINATION OF PREGNANCY RULES, 2003.

[G.O.Ms.No. 39, Health, Medical and Family Welfare (H), 28th January, 2025.]

The following Draft Variation to the Land Use envisaged in the Notified Metropolitan Development Plan (MDP) - 2031 for Hyderabad Metropolitan Region (HMR) Notified by the Government vide G.O.Ms.No.33 MA & UD, dt: 24.01.2013 which is proposed in exercise of the powers conferred by sub-section (1) of section 15 of Hyderabad Metropolitan Development Act, 2008 (Act No.8 of 2008).

Dr. CHRISTINA Z. CHONGTHU,
Secretary to Government.

FORM I**RMP Opinion Form***(For gestation age upto twenty weeks)****[See Regulation 3]***

(Name and qualifications of the Registered Medical Practitioner in block letters)

(Full address of the Registered Medical Practitioner)

hereby certify that I am of opinion, formed in good faith, that it is necessary to terminate the pregnancy of _____

(Full name of pregnant woman in block letters)

resident of _____
(Full address of pregnant woman in block letters)

for the reasons given below*.

I hereby give intimation that I terminated the pregnancy of the woman referred to above who bears the Serial No. _____ in the Admission Register of the hospital/approved place.

Place:

Date:

Signature of the Registered Medical Practitioner

*of the reasons specified items (a) to (e) write the one which is appropriate:

- a. in order to save the life of the pregnant woman,
- b. in order to prevent grave injury to the physical and mental health of the pregnant woman,
- c. in view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped,
- d. as the pregnancy is alleged by pregnant woman to have been caused by rape,
- e. as the pregnancy has occurred as a result of failure of any contraceptive device or methods used by a woman or her partner for the purpose of limiting the number of children or preventing pregnancy.

Note: Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the continuance of her pregnancy would involve a grave injury to her physical or mental health.

Place:

Date:

Signature of the Registered Medical Practitioner

FORM II

Month & Year

[See Regulation 4(5)]

1. Name of the State

2. Name of the Hospital/approved place.

3. Duration of pregnancy (Give total number only under each sub-head)

Up to 9 weeks (Medical Methods of Abortion Only):

- (a) Up to 12 weeks (Surgical Methods of Abortion Only):
- (b) Between 12 - 20 weeks:
- (c) Between 20 - 24 weeks:
- (d) Beyond 24 weeks

4. Religion of woman: (Give total number only under each sub-head)

- (a) Hindu :
- (b) Muslim :
- (c) Christian:
- (d) Others :

5. Termination with acceptance of contraception. Give total number only under each sub-head)

- (a) Sterilisation:
- (b) IUCD:
- (c) OCP/Injectable Contraceptive:
- (d) Others:

6. Reasons for termination: (Give total number under each sub-head)

A. Upto 20 weeks of gestation

- (a) Danger to the life of the pregnant woman.
- (b) Grave injury to the physical and mental health of the pregnant woman.
- (c) Pregnancy caused by rape
- (d) Substantial risk that if the child was born, it would suffer from such physical or mental abnormalities as to be seriously handicapped.
- (e) Failure of any contraceptive device or method.

B. Between 20-24 weeks of gestation

- (a) Survivors of Sexual Assault/Rape/Incest:
- (b) Minors:
- (c) Change of marital status during the ongoing pregnancy (widow hood and divorce):
- (d) Women with physical disabilities {major disability as per criteria laid down under the Rights of Persons with Disabilities Act,2016 (49 of 2016)}
- (e) Mentally ill Women including woman with intellectual disabilities
- (f) The foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped:
- (g) Women with pregnancy in humanitarian settings or disasters or emergency situations as declared by Government.

C. Beyond 24 weeks of gestation

- (a) The foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped.

Signature of the Officer in-charge with date

Name of the Health Facility _____
Month _____ Year _____

[illegible]