

RMP OPINION FORM FORM-1

(Refer Regulation 3 MTP Regulation, 2003)

I
(Name and qualification of the Registered Medical Practitioner in block letter)

I
(Full address of Registered Medical Practitioner)

I
(Name and qualification of the Registered Medical Practitioner in block letter)

I
(Full address of Registered Medical Practitioner)

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

(Full name of pregnant Woman in the block letter)

resident of

(Full name of pregnant Woman in the block letter)

for the reasons given below

I We hereby give intimation that I/We 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

Strike out whichever is not applicable.

"to the reasons specified items (I) to (v) write the one which is appropriate :

- (I) In order to save the life of the pregnant woman;
- (ii) In order to prevent grave injury to the physical and mental health of the pregnant woman
- (iii) 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;
- (iv) as the pregnancy is alleged by pregnant woman to have been caused by rape;
- (v) as the pregnancy has occurred as a result of failure of any contraceptive device or methods used by married woman or her husband for the purpose of limiting the number of children.

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/ Practitioners