

THE KOLKATA MUNICIPAL CORPORATION  
Health Department



15802



Form No. - 6

(See Rule 9, W.B. Birth & Death Registration Rules)

DEATH CERTIFICATE

(Issued under Section 12/17 of R.B.D. Act 1969)

This is to certify that the following information has been taken from the original record of death which is the register for (Local Area) .....  
..... *M. J. ...* under Kolkata Municipal Corporation of District  
Kolkata of State West Bengal.

Name : *Sampa Karmakar*  
Name of Father/  
Mother/Husband : *Tapas Karmakar*  
Sex : *Female*  
Date of Death : *09. 4. 2003*  
Place of Death : *CMRI, Kal-27*  
Registration No. : *04095/03/T*  
Date of Registration : *09. 4. 2003* *BS.*

SHANAGAR

Signature of Issuing authority

THE CORP.

Date : ..... *09. 4. 03*

No Disclosure shall be made of particulars regarding the cause of death  
as entered in the Register. See proviso to Section 17(1).