THE KOLKATA MUNICIPAL CORPORATION

HEALTH DEPARTMENT

5, S. N. Banerjee Road, Kolkata- 700 013.

No. 0365355
(FREE COPY)

FORM 6

DEATH CERTIFICATE

(Issued under section 12/ section 17 of RBD Act 1969)

GARIA B.G.(T)

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

Name	:CHHAYA KARMAKAR
Name of Father /Husband	:W/O LATE SUBAL CHANDRA KARMAKAR
Address	:BORAL T.S.RD.GARIA GOVT.COLONY,PO-BORAL, PS-SONARPUR,24-PGS(S) W.B.
Sex	:FEMALE
Date of Death	:17/10/2010
Place of Death	:SOUTH CALCUTTA CLINIC
Registration No.	:HG023/2010/001924 (OLD REGN. NO:- 1946/10/T)
Date of Registration	:17/10/2010
Date	:18/10/2010

Signature of the Issuing Authority
Sub : Registrar
Garia Adi Mahasmashan
Br. - XI