THE KOLKATA MUNICIPAL CORPORATION

HEALTH DEPARTMENT

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

No. 0284108

(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	:	MAKHAN LAL DAS
Name of Father /Husband	:	S/O LATE SASHI BHUSAN DAS
Address	:	LASKARPUR,RABINDRA NAGAR,PS-SONARPUR 24 PGS(S) W.B.
Sex	:	MALE
Date of Death	:	12/10/2009
Place of Death	:	S S K M HOSPITAL
Registration No.	:	HG023/2009/001319 (OLD REGN. NO:- 2121/09/T)
Date of Registration	:	13/10/2009
Date	:	13/10/2009

Signature of the Issuing Authority

Sub : Registrar

Garia Adi Mahasmashan

Br. - XI