

THE KOLKATA MUNICIPAL CORPORATION

HEALTH DEPARTMENT

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



No. 0328261 (FREE COPY)

FORM 6

DEATH CERTIFICATE

(Issued under section 12/ section 17 of RBD Act 1969)
SOLOAANA 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 : **K.A. MAKKAR**

Name of Father/Husband : **S/O LATE ALIPILLA ABU BACKER**

Address : **25B, ROYD STREET KOLKATA 700016
KOLKATA
W.B.**

Sex : **MALE**

Date of Death : **31/05/2010**

Place of Death : **DILKUSHA N.HOME & MED. RES.CENTRE (P) LTD**

Registration No. : **MB005/2010/000577 (OLD REGN. NO:- 538/10/T)**

Date of Registration : **01/06/2010**

Date : **01/06/2010**

Signature of the Issuing Authority

[Signature]
SOLLOAANA B.G. (T)
The City Municipal Corporation