

Form No. 10

THE CALCUTTA MUNICIPAL CORPORATION  
HEALTH DEPARTMENT



41552



CERTIFICATE OF DEATH

As per format under Section-12|Section-17 of the Registration of Births and Deaths Act, 1969.

This is to certify that the following information has been taken from the original record of death which is in the Register for... *M. G. E. R. (J)* .....

.....  
under The Calcutta Municipal Corporation (Local Area).

Registration No. .... *144* .....

Name. *SUNIL BANERJEE @ SUNIL BIKASH BANERJEE*

Sex. .... *M* .....

Son|Wife of .....

Date of death *04.9.2001* .. Date of Registration ... *05.9.2001* .....

Place of Death (Full Address) .. *S. S. K. M. Hospital* .. *Kul-20* .....

Residence ... *7, Temple Lane* ... *P. S. - Kasba* ... *Kul-31* .....

Prepared by .....

Head Assistant. ....

Dated ... *05.9.2001* .....

**S. R.**  
**SHANAGORE**  
**B. G.**

Signature of the Issuing Authority

Note—In the case of Death no disclosure regarding the 'cause of death' as entered in the register is to be made (under Sub-Section 17(1) of RBD Act, '69)