

No. 0073458



सत्यमेव जयते



THE KOLKATA MUNICIPAL CORPORATION HEALTH DEPARTMENT

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

FORM 6



DEATH CERTIFICATE

(Issued under Sec. 12/ Sec 17 of the Registration of Births and Deaths Act.1969, Govt. of India and Rule 8/13, Registration of Births and Deaths Rules 2000, Govt. of West Bengal)

This is to certify that the following information has been taken from the original record of death which is the register for Kolkata Municipal Corporation of Kolkata District of West Bengal.

TALLYGUNGE CEMETERY

Name: JASODA RANI SINHA

Sex (M / F): FEMALE

Age: 55 Y 0 M 0 D

Date of Death: 27/10/1998

Place of Death: M R BANGUR HOSPITAL, KOLKATA 700033

Name of Mother: N/M

Name of Father: B B SINHA

Name of Husband /Wife: N/M

Address of the deceased at the time of death: N/M

Permanent Address of the deceased: L34, BOSE PARA KANDAHARI GARIA, CAL - 84
W.B.

Registration No. : CB003/1998/000029 (OLD REGN. NO:- 822)

Date of Registration : 28/10/1998

Remarks (if any) : 09/07/2014

Date of issue :

Signature of the Issuing Authority

Address of the Issuing Authority

Ensure registration of every birth and death

SUB-REGISTRAR
HEALTH DEPT

K. M. C.