

THE KOLKATA MUNICIPAL CORPORATION
HEALTH DEPARTMENT

43504



Form No.—6

(Sec Rule 9, W. B. Birth & Death Registration Rules)

DEATH CERTIFICATE

(Issued under Section 12/17 of R.B.D. Act 1969)

This is to certify that the following information has been taken from the original record of death which is the register for (Local Area).....

..... ~~Garia / Br-XI~~ under Kolkata Municipal Corporation of District Kolkata of State West Bengal.

Name : *Bhakti Sengupta*
Name of Father/Husband : *Late Kusum Kumar Sengupta*
Address : *E/622, Baghajatin, Kol-86.*
Sex : *Female*
Date of Death : *16.10.2008.*
Place of Death : *Same as above.*
Registration No. : *2301/08/T*
Date of Registration : *16.10.08.*

[Signature]
Signature of issuing authority

Date : *16.10.08.*

Sub-Reg^l, Seal
G. A. M. S. / Br—XI

No Disclosure shall be made of particulars regarding the cause of death as entered in the Register. See proviso to Section 17(1).