THE KOLKATA MUNICIPAL CORPORATION

HEALTH DEPARTMENT

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







No. 0356150

FORM 6

DEATH CERTIFICATE

(FREE COPY)

(Issued u/s 12/17 of the RBD Act. 1969 and Rule 9/14 of the WBRBD Rules 2000)

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) District - Kolkata of State - West Bengal.

Name of the deceased

: SHOBHA CHATTERJEE 444

Sex (Male / Female)

. FEMALE

Date of Death

: 30/12/2013

Place of Death

: T 173, KAMDAHARI, SUBHAS PALLY, PS-BANSDRONI, KOL-84

Name of Father / Husband

of the deceased

W/O LT. ARUN CHATTERJEE

Name of Mother of the deceased:

Address of the deceased at the

time of death

Permanent Address of the

deceased

T 173, KAMDAHARI, SUBHAS PALLY, PS-BANSDRONI, KOL-84

W.B.

Registration No.

. HG023/2013/002779 (OLD REGN. NO:- 2801/13/T)

Date of Registration

. 30/12/2013

Date

: 30/12/2013

Signature of the Issuing Authority

Sub: Remistrar

Br. - XI

THE KOLKATA MUNICIPAL CORPORATION

HEALTH DEPARTMENT

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





No. A365AQ5

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

ARUN CHATTERJEE

Name of Father / Husband : S/O LATE BINOY BHUSAN CHATTERJEE

Address

:SUBHAS PALLY, PO-GARIA, PS-REGENT PARK, KOL-84

24 PAG(S)

W.B.

Sex

:MALE

Date of Death

:14/09/2010

Place of Death

:N R S MEDICAL COLLEGE & HOSPITAL

Registration No.

:HG023/2010/001752 (OLD REGN. NO:- 1772/10/T)

Date of Registration

.15/09/2010

Date

.15/09/2010

Signature of the Issuing Authority

Sub: Registrar Garia Adi Mahasmashan

Br. - X