

Form No. 10

THE CALCUTTA MUNICIPAL CORPORATION  
HEALTH DEPARTMENT



No. 049441

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.....

*MBG*

under The Calcutta Municipal Corporation (Local Area).

Registration No. .... *NEOT-22*

Name..... *Nihankama Talukder*

Nationality..... *Indian*

Sex..... *Female*

Age..... *76* Years

Spouse/Wife of..... *Late Dr. Jagadish Chandra Talukder*

Date of death..... *29.8.95* Date of Registration..... *29.8.95*

Place of Death (Full Address)..... *25/1, Gorkhabashi Road*

..... *Calcutta - 28 P.S. Durr Durr*

Residence..... *same as above*

Prepared by.....

Head Assistant.....

Dated..... *29.8.95*

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, 1969)

C. P.—415—1-3-95—50,000.

*Burrpore Chat*  
The Calcutta Municipal Corporation



পশ্চিমবঙ্গ সরকার

GOVERNMENT OF WEST BENGAL

DEPARTMENT OF HEALTH AND FAMILY WELFARE

DUMDUM MUNICIPALITY

মৃত্যু শংসাপত্র  
DEATH CERTIFICATEফর্ম-6  
FORM-6( ১৯৬৯ সালের জন্ম-মৃত্যু নিবন্ধীকরণ আইনের ধারা ১২/১৭ এবং ২০০০ সালের পশ্চিমবঙ্গ জন্ম-মৃত্যু নিবন্ধীকরণ বিধি ৮/১৩ অনুযায়ী আবি করা হইতেছে। )  
(ISSUED UNDER SECTION 12/17 OF THE REGISTRATION OF BIRTHS & DEATHS ACT, 1969 AND RULE 8/13 OF THE WEST BENGAL REGISTRATION OF BIRTHS & DEATHS RULES 2000.)এই মর্মে সত্যতা প্রমাণ করা হইতেছে যে নিম্নবর্ণিত বিবরণী মূল মৃত্যু নথি হইতে লওয়া হইয়াছে, উক্ত নথি পশ্চিমবঙ্গ বায়োগ্রাফ, উত্তর চব্বিশ পরগণা জেলায়, ব্লক এবং মৃত্যু নিবন্ধে লিপিবদ্ধ আছে।  
THIS IS TO CERTIFY THAT THE FOLLOWING INFORMATION HAS BEEN TAKEN FROM THE ORIGINAL RECORD OF DEATH WHICH IS THE REGISTER FOR DUMDUM MUNICIPALITY OF TAHSIL/BLOCK DUM DUM MUNICIPALITY OF DISTRICT NORTH TWENTY FOUR PARGANAS OF STATE/UNION TERRITORY WEST BENGAL, INDIA.

মৃত ব্যক্তির নাম / NAME OF DECEASED : PRATIK TALUKDAR

লিঙ্গ / SEX: পুরুষ / MALE

আধার সংখ্যা / AADHAAR NO.:  
XXXXXXXX2244মৃত্যুর তারিখ / DATE OF DEATH:  
25-10-2020  
TWENTY-FIFTH-OCTOBER-TWO THOUSAND TWENTYমৃত্যুর স্থান / PLACE OF DEATH:  
I L S HOSPITALS DUM DUM, GPT HEALTHCARE PVT. LTD

স্ত্রী / স্ত্রীর নাম / NAME OF HUSBAND / WIFE:

মৃত ব্যক্তির বয়স / AGE OF DECEASED:  
48 YEARS

আধার সংখ্যা / HUSBAND/WIFE AADHAAR NO. :

মাতার নাম / NAME OF MOTHER:

পিতার নাম / NAME OF FATHER :  
SUBRATA TALUKDAR

মাতার আধার সংখ্যা / MOTHER'S AADHAAR NO. :

পিতার আধার সংখ্যা / FATHER'S AADHAAR NO. :

মৃত্যুর সময় মৃত ব্যক্তির ঠিকানা / ADDRESS OF THE DECEASED AT THE TIME OF DEATH :

25/1, GORAKSHABASI ROAD,  
SOUTH DUM DUM, SOUTH DUM DUM MUNICIPALITY, NORTH TWENTY FOUR  
PARGANAS,  
WEST BENGAL- 700028

মৃত ব্যক্তির স্থায়ী ঠিকানা / PERMANENT ADDRESS OF DECEASED :

25/1, GORAKSHABASI ROAD,  
SOUTH DUM DUM, SOUTH DUM DUM MUNICIPALITY, NORTH  
TWENTY FOUR PARGANAS,  
WEST BENGAL- 700028নিবন্ধীকরণ নং / REGISTRATION NO:  
D-2020-19-90194-001226নিবন্ধীকরণ তারিখ / DATE OF REGISTRATION:  
18-12-2020মন্তব্য / REMARKS (IF ANY):  
OKপ্রদান তারিখ / DATE OF ISSUE:  
13-01-2021

প্রদানকারী কর্তৃপক্ষ / ISSUING AUTHORITY

নিবন্ধকার (জন্ম ও মৃত্যু)  
REGISTRAR (BIRTH & DEATH)DUMDUM MUNICIPALITY  
DR. S. K. PAUL  
HEALTH OFFICERRegistrar of Birth and Death  
DUM DUM MUNICIPALITYUPDATED ON :  
18-12-2020 17:33:05"THIS IS A COMPUTER GENERATED CERTIFICATE. "  
THE GOVT. OF INDIA VIDE CIRCULAR NO. 1/12/2014-VS(CRS) DATED 27-JULY-2015 HAS  
APPROVED THIS CERTIFICATE AS A VALID LEGAL DOCUMENT FOR ALL OFFICIAL PURPOSES.  
" প্রতিটি জন্ম- মৃত্যু নিবন্ধীকরণ সুনিশ্চিত করুন / ENSURE REGISTRATION OF EVERY BIRTH AND DEATH "





Form - C/Rule 9 of the W.D.M.D. Rules 2000  
 (কর্ম-৬) বিধি: জমা-পূরণ পরিচালনা বিধি, ২০০০ এর ৯ নং বিধি

Govt. of West Bengal, Department of Health & Family Welfare  
 (পরিচালনা বিভাগ, স্বাস্থ্য ও পরিবার কল্যাণ বিভাগ)

Name of the Organisation Issuing Certificate : South Dum Dum Municipality  
 (এই পত্র প্রদান কর্তৃক প্রমাণিত সংস্থা হলো) : South Dum Dum Municipality

**DEATH CERTIFICATE**

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

This is to certify that the following information has been taken from the original record of death which is in the register for (Local Area) : South Dum Dum Municipality  
 This is to certify that the following information has been taken from the original record of death which is in the register for (Local Area) : South Dum Dum Municipality

Name of the deceased : **RABINDRA MOHAN GHOSH**

Sex(Male/Female) : **MALE** (পুরুষ/স্ত্রী) : **পুরুষ**

Date of Death : **13/04/2018**

Place of Death : **25/2, GOLAKSHABASI ROAD, SOUTH DUM DUM (N) KOLKATA - 700 028, P.S. - DUM DUM, DIST - 24 PGS (N) W.B.**

Age : **89 YEARS**

Name of mother of the deceased :

(মাতার নাম)

Age : **89 YEARS**

Name of Father/Husband of the deceased :

**LATE PARAMANMRA GHOSH**

Age : **89 YEARS**

Address of the deceased at the time of Death :

**25/2, GOLAKSHABASI ROAD, SOUTH DUM DUM (N) KOLKATA - 700 028, P.S. - DUM DUM, DIST - 24 PGS (N) W.B.**

Age : **89 YEARS**

Registered Address of the deceased :

**25/2, GOLAKSHABASI ROAD, SOUTH DUM DUM (N) KOLKATA - 700 028, P.S. - DUM DUM, DIST - 24 PGS (N) W.B.**

Age : **89 YEARS**

Registration No. : **WB CR 2016/2007/11797**

Date of Registration : **17/04/2018**

**Dipak Das**

**Registrar**

Signature of every birth & death

Signature of every birth & death

Signature of every birth & death

Signature of every birth & death

Signature of every birth & death

Signature of every birth & death

Signature of every birth & death

Signature of every birth & death

W. B. Form, 804

R. G. KAR MEDICAL COLLEGE & HOSPITALS, Calcutta.

### CERTIFICATE OF DEATH

Reg No - 5276  
Unit - V.B.  
Ward - M.M.D.W.  
Bed No - 1 P.

Name Dr. Jagadish Ch. Talukdar

Sex Male

Religion Hinduism

Age 85 yrs

Occupation X

Address c/o Subrata Talukdar  
25/1 Gopeshnagar Rd, Cal - 28 P.S. - Dumdum

Date of Admission 1.7.88 at 10-55 pm.

Date of Death 4.7.88 at 6.52 a.m.

Disease or Cause of Death Cardio-respiratory Failure in a case of  
Cerebral Vascular Accident



Date 4.7.1988

*Countersigned by  
K. S. Ghosh*

*Signature. H.P.  
at 4/7/88 at  
6.50 a.m.*

(Officer on Duty)  
RESIDENT MEDICAL OFFICER.

Issue Date: 24/11/2011

Form - 6 (Rule 9 of the W.B.M.U. Rules 2000)

Govt. of West Bengal, Department of Health & Family Welfare

Home of the Organically Scaled Kachikade, South Dum Dum Municipality

DEATH CERTIFICATE

Issued u/s. 12/17 of the M.U. Act, 1969 and Rule 9/14 of the W.B.M.U. Rules 2000.

This is to certify that the following information has been taken from the original record of death which is in the register for (Local Area) - South Dum Dum Municipality of Dum Dum P.S. Block North 24 Parganas District of West Bengal.

Sex (Registered) MALE Age 71 YEARS

Name of the deceased: SUBRATA TALUKDAR

Date of Death: 10/09/2011 Place of Death: DAFODIL NURSING HOME (P) LTD, 276, CANAL STREET, KOLKATA - 700 045

Place of Birth: (For Reg. Pur.)

Name of Father/Husband of the deceased: LT. JAGADISH CH. TALUKDAR

Address of the deceased at the time of Death: 25/1, GORAKHA BASI ROAD, P.O. & P.S. - DUM DUM, KOLKATA - 28.

Address of the deceased: 25/1, GORAKHA BASI ROAD, P.O. & P.S. - DUM DUM, KOLKATA - 28.

Registration No. WP. DR. 2011/20037/1/3172

Date of Registration: 14/09/2011

Registration No. NOT AVAILABLE

Place of Birth (For Reg. Pur.)

Registrar DR. PARAGAN CHAKRA

Every registration of every birth or death



No. 2011/11429/PO/2011

