

Form No.-10

**THE CALCUTTA MUNICIPAL CORPORATION  
HEALTH DEPARTMENT**

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



No. 0012477

**CERTIFICATE OF DEATH**

Issued under Section-12/ Section-17 of the Registration of Births and Deaths Act, 1969.

This is to certify that the following informations have been taken from the original record of death which is in the Register for

M.G.E.C.(T)

under The Calcutta Municipal Corporation (Local Area).

Name **RAMAPADA MUKHERJEE**

Sex **Male**

of **N.A**

Date of death **15/06/85** Date of Regn. **15/06/85** Registration No. **204**

Place of death (full address)

**M.R. Bangur Hospital**

Permanent Address  
**B/28, Niranjana Palli,  
24 Pgs.**

Prepared by **BC (comp\_D1)**

Date **06/02/97**

Signature of the Issuing Authority

*S. Dhar*  
Registrar  
Birth & Death  
M.G. Health Dept.