

# THE KOLKATA MUNICIPAL CORPORATION

## HEALTH DEPARTMENT

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



No. 0398654



FORM 6

### DEATH CERTIFICATE

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

N.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 : PARUL DHAR

Sex (Male / Female) : FEMALE Age : 72 Y 0 M 0 D

Date of Death : 28/08/2003

Place of Death : 3/1, NABA KUMAR RAHA LANE. KOLKATA-4

Name of Father / Husband of the deceased : W/O LATE KEDAR NATH DHAR

Name of Mother of the deceased : .....N/M.....

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

Permanent Address of the deceased : 3/1, NABA KUMAR RAHA LANE. KOLKATA-4 W B

Registration No. : HG013/2003/004244 ( OLD REGN. NO:- 7478 )

Date of Registration : 28/08/2003

Date : 21/02/2013

Signature of the Issuing Authority

*[Handwritten Signature]*  
21/02/13

**HEALTH DEPT**

THE KOLKATA MUNICIPAL CORPORATION  
HEALTH DEPARTMENT



27109



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) *N.B.G.* ..  
.....under Kolkata Municipal Corporation of District Kolkata of State West Bengal.

Name : *Ajoy Kumar Dhar*  
Name of Father|Husband : *Late Kedar Nath Dhar*  
Address : *3/1 Naba Kr. Kaha Lane Cal-4*  
Sex : *M*  
Date of Death : *29.3.04*  
Place of Death : *Same*  
Registration No. : *3255/04/7*  
Date of Registration : *29.3.04*

*[Signature]*  
Signature of issuing authority

Date : *29.3.04*



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

# THE KOLKATA MUNICIPAL CORPORATION

## HEALTH DEPARTMENT

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



No. 087411

### FORM 6

### DEATH CERTIFICATE

(Issued under section 12/ section 17 of RBD Act 1969)

**N.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 : **KASHI NATH DHUR**

Name of Father/Husband : **S/O LT. MADAN MOHAN DHUR**

Address : **,7B, JADUNANDA GOSWAMI LANE, KOL- 6,, W.B.**

Sex : **MALE**

Date of Death : **23/02/1994**

Place of Death : **NORTH VIEW NURSING HOME**

Registration No. : **320**

Date of Registration : **23-FEB-94**

Date : **25-JAN-05**

  
**Registrar**  
**Birth & Death**  
**K.M.C. Health Dept.**

Signature of the Issuing Authority

# THE KOLKATA MUNICIPAL CORPORATION

## HEALTH DEPARTMENT

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



No. 0192910  
( FREE COPY )



FORM 6

### DEATH CERTIFICATE

(Issued under section 12/ section 17 of RBD Act 1969)

N.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 : **BIJOY NATH DHUR**

Name of Father /Husband : **S/O LATE MADAN MOHAN DHUR**

Address : **16F, SACHIN MITRA LANE, P. S-SHYAMPUKUR, KOL-3 W.B.**

Sex : **MALE**

Date of Death : **10/04/2009**

Place of Death : **B.M. BIRLA HEART RESEARCH CENTRE**

Registration No. : **HG013/2009/000231 ( OLD REGN. NO:- 3479 )**

Date of Registration : **10/04/2009**

Date : **10/04/2009**

Signature of the Issuing Authority

**SUB-REGISTRAR**  
**NIMTALA BURNING GHAI**  
The Kolkata Municipal Corporation

No. 0037880

## FORM 6

ফর্ম ৬

(See Rule 9 of West Bengal Registration of Births and Deaths Rules, 2000)

(পশ্চিমবঙ্গ জন্ম-মৃত্যু রেজিস্ট্রেশন বিধি, ২০০০-এর ৯ নং বিধি দেখুন)

Government of West Bengal  
(পশ্চিমবঙ্গ সরকার)Department of Health & Family Welfare  
(স্বাস্থ্য ও পরিবার কল্যাণ দপ্তর)

## CERTIFICATE OF DEATH

(মৃত্যু প্রমাণপত্র)

(Issued under Sec. 12/Sec. 17 of the Registration of Births and Deaths Act, 1969)

(১৯৬৯ সনের জন্ম-মৃত্যু রেজিস্ট্রেশন আইনের ১২/১৭ ধারা অনুযায়ী প্রদত্ত হইল)

This is to certify that the following information has been taken from the original record of death which is in the  
**North Port**register for **KOLKATA MUNICIPAL CORPORATION** of ..... P.S.**KOLKATA** District of West Bengal.

এই মর্মে নিশ্চিতভাবে জ্ঞাত করা যাইতেছে যে নিম্নবর্ণিত বিবরণী মূল মৃত্যুনিথি হইতে লওয়া হইয়াছে। উক্ত নিথি পশ্চিমবঙ্গ রাজ্যের কলকাতা জেলার

নর্থ পোর্ট থানা

থানার অন্তর্ভুক্ত কলকাতা পৌরসংস্থার মৃত্যু রেজিস্টারে লিপিবদ্ধ আছে।

Name : **AMAR NATH DHAR** Registration No. : **HG015/2020/002095**  
(নাম) (রেজিস্ট্রেশন নং) (OLD REGN.NO: 2394)Sex (M / F) : **MALE** Age : **71Y 0M 00** Date of Registration : **13/02/2020**  
লিঙ্গ (পুরুষ/স্ত্রী) (বয়স) (রেজিস্ট্রেশন তারিখ)Date of Death : **13/02/2020**  
(মৃত্যুর তারিখ)Place of Death : **16D, SACHIN MITRA LANE, KOLKATA-3**  
(যে স্থানে মৃত্যু হইয়াছে)Name of Father/Husband : **S/O LATE BISWANATH DHAR**  
(পিতা/স্বামীর নাম)Permanent Address of Deceased : **16D, SACHIN MITRA LANE, KOLKATA-3**  
(মৃতের স্থায়ী ঠিকানা) **W.B.**Address of Deceased at the time of Death : **DO**  
(মৃত্যুর সময়ে মৃতের ঠিকানা)Name of the Mother of the Deceased : **N/M**  
(মৃতের মাতার নাম)Signature of the Issuing Authority  
with date & Seal(তারিখসহ প্রদানকারী কতৃপক্ষের স্বাক্ষর ও সিলমোহর)  
**NIMTALA BURNING GHAT**  
**The Kolkata Municipal Corp.**Note : In case of death, no disclosure shall be made of particulars regarding the cause of death as entered in the register. See provision of Section 17(1) of the Registration of Births and Deaths Act, 1969.  
(মৃত্যুর রেজিস্টারে লিখিত মৃত্যুর কারণটি প্রকাশ করা যাইবে না। ১৯৬৯ সনের জন্ম-মৃত্যু রেজিস্ট্রেশন আইনের ১৭(১) ধারা দেখুন।)Date of Issue : **13/02/2020** Place of Issue : **HG015** Type : **N.E.C.(T)**  
(প্রদানের তারিখ) (প্রদানের স্থান) (ধরন)

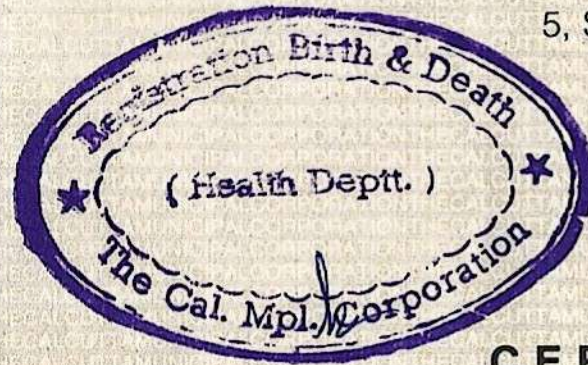
Form No.-10

# THE CALCUTTA MUNICIPAL CORPORATION HEALTH DEPARTMENT

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

0053727

No.



## 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 <sup>an</sup> in the Register for

N.E.C. (T)

under The Calcutta Municipal Corporation (Local Area).

Name BISWANATH DHAR

Sex Male

Son of Late Madan Mohan Dhar

Date of death 06/02/98 Date of Regn. 06/02/98 Registration No. 250

Place of death (full address)

16D, Sachin Mitra Lane, Cal-3.

Permanent Address  
16D, Sachin Mitra Lane,  
Cal-3.

Prepared by BC (comp\_D1)

Date 28/09/99

28/9/99  
Registrar  
Birth & Death  
N.E.C. Health Dept

Signature of the Issuing Authority

Form No.-10

**THE CALCUTTA MUNICIPAL CORPORATION  
HEALTH DEPARTMENT**

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



No. 0198569

**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

**N.B.G.(T)**

under The Calcutta Municipal Corporation (Local Area).

Name **BHOLA NATH DHAR**

Sex **Male**

Son of **N.A**

Date of death **06/07/86**

Date of Regn. **06/07/86**

Registration No. **696**

Place of death (full address)

**The C.M.R.I. Cal - 27**

Permanent Address

**16A, Sachin Mitra Lane,  
Cal-3.**

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

Date **29/10/99**

*MA*  
**29.10.99**  
**Registrar**  
**Birth & Death**  
**L.M.C. Health Dept**  
Signature of the Issuing Authority

Form No.-10

**THE CALCUTTA MUNICIPAL CORPORATION  
HEALTH DEPARTMENT**

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

0053730

No.



**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~~<sup>are</sup> in the Register for

N.E.C. (T)

under The Calcutta Municipal Corporation (Local Area).

Name TARAK NATH DHUR

Sex Male

Son of Late Madan Mohan Dhur

Date of death 02/06/99 Date of Regn. 02/06/99 Registration No. 100

Place of death (full address)

Divine Nursing Home, Cal-10.

Permanent Address

16E, Sachin Mitra Lane, Ps-Shyampukur,  
Cal-3.

Prepared by BC (comp\_D1)

Date 28/09/99

28.9.99  
Registrar  
Birth & Death  
N.E.C. - 10th Dist

Signature of the Issuing Authority



Serial No. 1527



Extract from the Register of Deaths of *Mimola Burringhat (Town)*

No. in Register.	When died	Nationality, Religion, Caste (if any).	Name.	Sex.	Age.	Profession.	Cause of death.	Name of medical attendant.	Residence at the time of death.	Residence previous to last illness.	Signature, description and residence of informant.	When registered.	Signature of Registrar.
231	4.7.52	Indian Hindu	Mudon Mahan Shas	Male	76 yrs	-	Heart failure	Subhakar or Janaki Mulla. M.B. B.Sc. (Med.) G.S.D. 6820.	7 B. Jada Nandan Koyam Lane Est-6 W I 19	Same	Subhakar Bivarnali. Son of old Jada.	5.7.52	M. J. Sarker.

Certified to be a true extract.

Calcutta: The:..... 28.8.1952 }

Head Clerk,  
Statistical Branch, Health Department



Dr. A. MUKERJI, M.B., D.P.H.  
(Lond. & Cal.) & D.F.M.  
Health Officer and Chief Registrar  
of Births and Deaths, Calcutta.

*Mimola Burringhat*  
21/8/52

THE CALCUTTA MUNICIPAL CORPORATION



**URGENT**

Serial No. .... 6838...

Extract from the Register of Deaths of

*Timbela Puripshet Dora*

When died.	Nationality, Religion, Caste (if any).	Name.	Sex.	Age.	Profession.	Cause of death.	Name of medical attendant.	Residence at the time of death.	Signature of medical attendant.	Signature, description and residence of informant.	When reported.	Signature of Registrar.	Remarks.
772-7-10-84	Hindu	<del>Indira Kedar Nath Shur</del>	M	about 62 yrs	-	<del>Stroke Myocardial Infarction</del>	<del>Dr. Shabane Naba Kumar Das</del>	<del>31/10/84</del>	<del>Signature of Dr. Shabane Naba Kumar Das</del>	<del>7-10-84</del>	<del>7-10-84</del>	<del>Signature of Registrar</del>	<del>See entry of 7-10-84</del>
							<i>Dr. Shabane Naba Kumar Das</i>	<i>31/10/84</i>	<i>Signature of Dr. Shabane Naba Kumar Das</i>	<i>7-10-84</i>	<i>7-10-84</i>	<i>Signature of Registrar</i>	<i>See entry of 7-10-84</i>

(Certificate)

Certified to be a true extract.



Compared by *HP*

Head Clerk  
Registration Branch  
Health Department  
The C. M. C.

Dr. K. B. S. Chatterjee, M.B. B.S.  
Deputy Health Officer  
Registrar of Births

S. K. Choudhuri M.B.B.S., D.P.H.  
Officer and Chief Registrar  
Births and Deaths, Calcutta

THE CALCUTTA MUNICIPAL CORPORATION



**URGENT**

Serial No. **15678**

Extract from the Register of DEATHS of **Nimata Electric CR. (Tansa)**

No. in Register	When died	Nationality, Religion, Caste (if any).	Name	Sex	Age	Profession	Cause of death.	Name of medical attendant.	Residence at the time of death.	Residence previous to last illness.	Signature description and residence of informant.	When registered.	Signature of Registrar.	REMARKS.
162	5.3.91	Hindian Hindus	Syngamal Kumar Shum	M	89 yrs.	—	Multiple My. gk. Sciens. de Multiple Reg. no. Tropical 23479 Ulcen — C.R. Failure	Dr. J. K. (Cert.)	31, Naba Kumar Raha Lane, Cal-4. P.S. Syngampuram	Yame	Self-Syngar Sharan Shum (Wife) Yame add.	5.3.91	Shg.	

Certified to be a true extract



Head Assistant  
Registration Branch  
Health Department  
The C. M. C.

By: *[Signature]*  
Ch. Mpl. Health Officer and  
By: Ch. Registrar  
of Births and Deaths,  
Calcutta.

Ch. Mpl. Health Officer and Chief Registrar  
Births and Deaths,  
Calcutta

The.....  
CALCUTTA  
6. 4  
Prepared by *[Signature]*  
19 *[Signature]*