

# THE KOLKATA MUNICIPAL CORPORATION

## HEALTH DEPARTMENT

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



No. 0286244



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)

**M.G.E.C. (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 : **SATYARANJAN BHATTACHARJEE**

Sex (Male / Female) :

**MALE**

Age **82 Y 0 M 0 D**

Date of Death

**16/09/2012**

Place of Death

**M R BANGUR HOSPITAL, KOLKATA 700033**

Name of Father /Husband of the deceased

**S/O LATE JOGENDRA NATH BHATTACHARJEE**

Name of Mother of the deceased :

**N/A**

Address of the deceased at the time of death

**N/A**

Permanent Address of the deceased

**282, NAKTALA, GANGULY BAGAN, PS. - PATULI KOLKATA-700047 W.B.**

Registration No.

**HG011/2012/011168 ( OLD REGN. NO:-11479 )**

Date of Registration

**17/09/2012**

Date

**17/09/2012**

Signature of the Issuing Authority

**SHANAGORE BURNING GHAT K.M.C.**