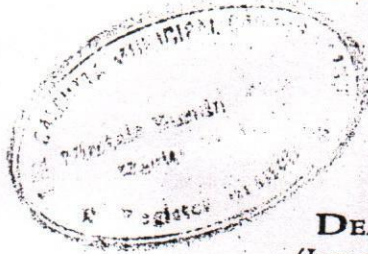


THE KOLKATA MUNICIPAL CORPORATION
Health Department



7528

Form NO. - 6
(See Rule 9)

DEATH CERTIFICATE
(Issued under Section 12/17)



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.E.T.*..... under Kolkata Municipal Corporation of District Kolkata of State West Bengal.

Name : *BIRESWAR BANERJEE*

Sex : *male*

Date of Death : *15-5-02* ✓

Place of Death : *65 K. G. Bose Sarani*

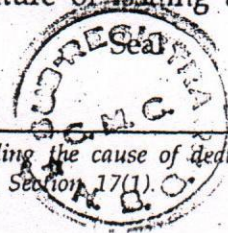
Registration No. : *35*

Cal-85

Date of Registration : *15-5-02*

[Signature]
Signature of issuing authority

Date : *15/5/02*



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

C. P. - 736 - 15-03-2002 - 20,000.

AA gntd
[Signature]
01/3/13
Medical Officer,
Dr. B. C. Roy Memorial
Hospital for Children
Behala - 84.