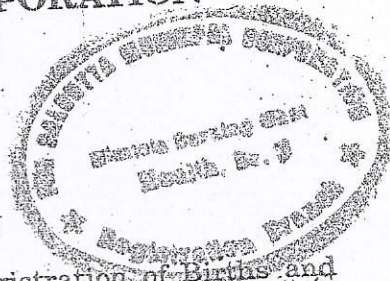


Form No. 10

THE CALCUTTA MUNICIPAL CORPORATION
HEALTH DEPARTMENT



33987



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

under The Calcutta Municipal Corporation (Local Area).

Registration No. T.B.O.T.

Name ... Leeta Rani Saha ...

Sex ... F ...

Son/Wife of ... Late A.N. Saha ...

Date of Death ... 26/4/99 ... Date of Registration ... 26/4/99 ...

Place of Death (Full Address) ... Aditya Hosp. Cal-53 ...

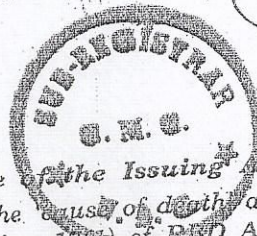
Residence ... 100, Bagmuntati Road, Cal-28 ...

P.S. - Dum Dum ...

Prepared by

Head Assistant ... / ...

Dated ... 26/4/99 ...



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 of B.D Act, 1969).