

सं./No.

प्रपत्र-६  
FORM-6



सत्यमेव जयते



राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार, भारत  
Govt. of National Capital Territory of Delhi, India  
उत्तरी दिल्ली नगर निगम  
North Delhi Municipal Corporation



मृत्यु प्रमाण पत्र  
Death Certificate

(Issued under section 12/17 of the Registration of Births and Deaths Act, 1969 and Rules 8/13 of the Delhi Registration of Births and Deaths Rules, 1999).

This is to certify that the following information has been taken from the original record of death which is the Register for \_\_\_\_\_ City - S P Zone \_\_\_\_\_ Zone of North Delhi Municipal Corporation.

नाम / Name KHALID HUSSAN

लिंग / Gender Male

मृत्यु की तिथि / Date of Death 04/06/2020

मृत्यु का स्थान / Place of Death LOK NAYAK HOSPITAL NEW DELHI

पति/पत्नी का नाम / Name of Spouse -----

माता का नाम / Name of Mother -----

पिता का नाम / Name of Father SABIR HUSSAN

मृत्यु के समय मृतक का पता

(Address of deceased at the time of death)

BATLA HOUSE JAMIA NEW DELHI

मृतक का स्थायी पता

(Permanent Address of deceased)

BATLA HOUSE JAMIA NEW DELHI

पंजीकरण दिनांक / Date of Registration 22/06/2020

पंजीकरण संख्या / Registration No. MCDOLIR-3220-005066056



जारी करने की तिथि

Date of Issue 13/07/2020 19:58:07

This certificate is computer generated and does not require any seal/signature in original. The registration no. is unique to each event. The Authenticity can be verified at [http://mcdonline.gov.in/tri/ndmc\\_mcdportal/onser/](http://mcdonline.gov.in/tri/ndmc_mcdportal/onser/)

प्रत्येक जन्म एवं मृत्यु का पंजीकरण सुनिश्चित करें ENSURE REGISTRATION OF EVERY BIRTH & DEATH