

DEATH CERTIFICATE

It is hereby certified that Sri. _____ Son of
_____ Ex-employee (Dept.
_____ Who has under my treatment) Whom, I Know, died of
(Disease) _____ on (Date) _____ at
(Place) _____ dated _____

Signature of the certifying Officer.

Designation: _____

Note: This certificate should normally be issued by the Medical Office concerned. It may also be issued by a private Practitioner or a Non – Gazetted Hakeem or vidye, in the case it should invariably be counter signed by a Gazetted officer in service. As an alternative it may be issued by any Gazetted officer in service who know the deceased.