

0221-20781405



फॉर्म संख्या / Form No. 6

संघीय राजधानी क्षेत्र, दिल्ली सरकार
Govt. of National Capital Territory of Delhi

दक्षिणी दिल्ली नगर निगम
SOUTH DELHI MUNICIPAL CORPORATION

मृत्यु प्रमाण पत्र / Death Certificate



(Issued under section 17 of the Registration of Death Act, 1969 and 8/13 of Delhi Registration of Death Rule, 1999)

This is to certify that the following information has been taken from the original record of DEATH which is the register for South Delhi Municipal Corporation of SOUTH ZONE of N.C.T. Delhi

नाम / Name	ALKESH TOMAR
लिंग / Gender	MALE
मृत्यु की तिथि / Date Of Death	14/02/2021
मृत्यु का स्थान / Place Of Death	MAX DEVKI DEVI HEART AND VASCULAR INSTITUTE 2 PRESS ENCLAVE ROAD SAKET NEW DELHI NEW DELHI NEW DELHI SAKET SOUTH DELHI INDIA 110017
पंजीकरण की तिथि / Date Of Registration	15/02/2021
पंजीकरण संख्या / Registration No	MCDOLIR-0221-185005
माता का नाम / Name of Mother	
पिता/पति का नाम / Name of Father/Husband	LATE RAVINDRA SINGH TOMAR
जीवनसाथी का नाम / Name of Spouse	SWASTI TOMAR
वर्तमान पता / Present Address	111, ASHISH ROYAL PARK BAREILLY UTTAR PRADESH INDIA 243006
स्थायी पता / Permanent Address	111, ASHISH ROYAL PARK BAREILLY UTTAR PRADESH INDIA 243006
छपाई की तिथि / Print Date	16/02/2021



Note: This certificate is system generated and does not require any seal/signature in original. The authenticity of this certificate can be verified at mcdonline.nic.in

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

2021

DEATH CERTIFICATE

FILL THIS FORM IN CAPITAL LETTERS

1. Name of the deceased **ALKESH TOMAR**
 2. Name of the father/husband **LT. RAVINDER SINGH TOMAR**
 3. Age **42Y** Sex **M** Regn. No. **SKLT. 380271**
 4. Religion **HINDU** Nationality **INDIAN** Occupation **SELF EMPLOYED**
 5. Residential Address **111 ASHISH ROYAL PARK, BAREILLET (UP)**
 6. Date of Admission **02/01/2021** Time of Admission **22:30**
 7. Date of Death **015/02/2021** Time of Death **9:25 PM**
 8. Cause of Death **COVID-19 PNEUMONIA SEVERAE & CYTOKINE STORM, SEPSIS (SPUTUM - MDR ACINETOBACTER) WITH SHOCK, DVT**
 9. Consultant
 ↓

DR VIVEK NANGIA

(Signature of Doctor)

VAIBHAV

Name:

DR VAIBHAV KATIYAR

Reg. No.

90367

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