



St. 110-1832
M-20.05.2019

सभक्ष नोटरी नज्दिक सरायकेला
शपथपत्र।

मैं, विजय कुमार राय , पिता-स्व० लालमुनी राय, निवासी अंजनी नगर सरायकेला, पो० एवं थाना- सरायकेला, जिला-सरायकेला-खरसावाँ शपथ पूर्वक कहता हूँ कि :-

1. यह कि मैं उक्त स्थान का स्थायी निवासी हूँ।
2. यह कि फुलोवासो देवी पति-स्व० लालमुनी राय मेरी माँ थी जिनकी देहान्त हो चुकी है एवं मेरे उक्त माता पिता का मैं एक मात्र सन्तान हूँ।
3. यह कि मेरे उक्त स्व० माता के नाम मौजा-सरायकेला , खाता नं.-39 प्लोट नं.-293/ए के नाम पर रेकर्ड दर्ज है ।
4. यह कि मेरे उक्त माता एवं पिता के मृत्यु पश्चात उक्त खाता एवं प्लोट को मैं भोग दखल करते आ रहा हूँ जिसपर मैं हॉलडीण्ग टेक्स अपने नाम से दर्ज कराना चाहता हूँ ।
5. यह कि मैं यह शपथ पत्र इस लिए कर रहा हूँ कि उक्त उपर वर्णित कजमीन पर मेरे नाम से हॉलडीण्ग टेक्स दर्ज करने हेतु आवश्यकता हो रही है।

सत्यापन ।

उपरोक्त बिन्दुओं में कही गयी सभी कथन मेरे जानकारी एवं विश्वास में पुर्ण सत्य है तथा आज दिनांक-20.05.2019 को सरायकेला न्यायालय परिसर में अपना हस्ताक्षर किया ।



Sri M. Bijay Kumar Ray
Solemnly affirm and declared before me, who has been identified by Sri P. J. J.
advocate Seraikella today this the day of 20

[Signature]
NOTARY
SERAIKELLA
Seraikella-Kharsawan

[Signature]
शपथकर्ता,

मेरे समक्ष शपथकर्ता ने अपना हस्ताक्षर किया ।



FORM No 2

{ 2421179 P&T)
43191 Tisco**SUBARNAREKHA BURNING GHAT**AS No. **2314 सुवर्णरेखा श्मशान घाट,**

(Registered under the Societies Registration Act 21 of 1860)

JAMSHEDPUR जमशेदपुर

Estd : 1948 स्थापित १९४८

Time **3.05 Pm** Date **17.10.2017**Name of Deceased **Fulbaso Devi**Son/Wife/Daughter of Sri/Late **L.M. Ray**Address **M/Cs - 47, Adityapur St, T.S.R.**Age **80 yrs** Sex **F** Cause of death **HTN. CVA**Death Certificate particulars **T.M.H R.No. 1P/17/056612****Dom. 16.10.2017 Death 16/10/2017**

	Quantity	COST	
		Rs.	P.
1. Firewood (Kg)			
2. Bamboo (Nos.)			
3. Straw (Bunch)			
4. Cost of Electric Cremation		900	00
5. Maintenance Fee		200	00
6. Buried			
7. Donation			
TOTAL		1100	00

B
17-10-2017
B. S. SARDAR
Signature
Steward

Rupees **One thousand one hundred only****DECLARATION**

1. Sri/Smt **Vijay Kumar Ray** son/wife/daughter of
Sri/Late **L.M. Ray** hereby submit my identity to
the satisfaction of the Burning Ghat and declare that I head the cremation party for
the dead body of above mentioned deceased and firmly commit myself to pay any com-
pensation claimed by the Burning Ghat for the loss or damage to its property caused my
party individually or collectively and further shoulder the full responsibility in any
questionable eventuality.

Date **17.10.2017****Vijay Kumar Ray** SignatureAddress **Same as above**Phone **800 23 73 581**

P.T.O.

TATA MAIN HOSPITAL

TMH/FRM/CLIN/ALL/03.02
Effective Date : 10.5.2015

Death Notification Form (FILL IN TRIPLICATE)

Reg No. IP/12/056612 Ward 62 Bed No. 15
 Patient Name (Block Letters) FULBASO DEVI Sex F Age 80y
 Date of Death ✓ LATE LM RAY
 Department _____ Local Address M14-43, ADITYAPUR-2, JAMSHEDPUR
 Admission Date 16/10/17 Death Date 16/10/17
 Time 8:54 AM Time 14:53 PM

IOW / SENT FROM WORKS / IOD/MEDICO-LEGAL CASE / NORMAL CASE
 TO INFORM : SAFETY () DEPT. () RELATION () POLICE ()

<p>DOCTOR CERTIFYING DEATH</p> <p>Initials & name of cause</p> <p>State the disease, injury or complication which caused death, and the mode of dying</p> <p>Antecedent cause</p> <p>Mention conditions, if any giving rise to the above cause, stating preceding conditions last</p> <p>Any other significant conditions leading to the death but not directly related to the cause or conditions causing it</p>	<p style="text-align: center;">Cause of Death (Block Letters)</p> <p>(a) <u>HITN, CVA (RE THALAMIC BLEED WITH VENTRICULAR EXTENSION)</u> due to (or as a consequence of)</p> <p>(b) _____ due to (or as a consequence of)</p> <p>(c) _____</p> <p>If deceased was a female, was pregnancy the death associated with? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, was there a MTP or delivery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>NAME OF DOCTOR <u>R. C. SINGH</u> 342 CODE NO. _____ REG NO. <u>32581</u></p> <p>SIGNATURE OF DOCTOR CERTIFYING DEATH <u>R. C. SINGH</u> DATE <u>16/10/17</u> TIME <u>15:40 PM</u></p> <p>DDO OF WARD/EMERGENCY _____ DATE <u>17/10/17</u> TIME <u>01:35 PM</u></p> <p>1. WOUND MARK _____ 4. EAR _____ 2. HEAD _____ 5. NOSE _____ 3. EYE _____ 6. HAND / LEG FINGERS _____</p> <p>REMARKS <u>total dead body handed over to govt. office for identification</u></p> <p>NAME _____ SIGNATURE _____ CODE NO. _____</p> <p>NAME _____ RELATIONSHIP WITH DECEASED _____</p> <p>ADDRESS _____</p> <p>SIGNATURE _____ DATE _____ TIME _____</p> <p>NAME _____ SIGNATURE OF POLICE _____</p> <p>CONSTABLE NO. _____</p>
<p>REMOVAL OF DEAD BODY FROM HOSPITAL</p> <p>BODY EXAMINED BY DOCTOR ON OUTRY</p> <p>REMARKS OF DAMAGE (IF ANY)</p> <p>PERSON TAKING AWAY THE DEAD BODY (PARTY) (PRINT IN CAPITAL LETTERS)</p> <p><u>Vijay Kumar</u></p>	<p>WITH MEDICO-LEGAL CASE (FILL IN CASE)</p>

CONTACT JNAC FOR FILLING UP DEATH REGISTRATION FORMAT WITHIN 14 DAYS OF DEATH.

TATA STEEL LIMITED

Accounts : 0657-2141135 / 89, Enquiry : 0657-2141233, FMO : 0657-2141192

FOR PARTY