**Form C**

**[Rule 4(4)]**

**Death Certificate**

This is to certify that Smt. \_\_\_\_\_\_\_\_\_\_\_\_ wife/ daughter of \_\_\_\_\_\_\_\_\_\_\_ employed in \_\_\_\_\_\_\_\_\_ (name of **3**[mine or circus]) expired on \_\_\_\_\_\_\_\_\_ before/during/after confinement. The child died on \_\_\_\_\_\_\_\_\_\_ /survives her.

 Signature, qualifications and designation of

Date \_\_\_\_\_\_\_\_\_ Medical Officer/Medical Practitioner

***3*** *Inserted by GSR 70(E), dated 31st. January, 1996, w.e.f.1st. February, 1996.*