

**GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT**

POSTMORTEM EXAMINATION CERTIFICATE

This is to certify that Postmortem Examination has been conducted on the body of

(Lt.) _____ Age _____ yrs, Sex M/F,

S/o, W/o, D/o, H/o _____ of _____

on _____ at _____ as per the requisition number _____.

Place:

Date:

Signature of the Doctor on Duty

Name:

Designation:

Seal: