**MIZORAM EXCISE & NARCOTICS**

**Office of the ASST. COMMISSIONER OF EXCISE & NARCOTICS,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DRUGS RELATED DEATH REPORT FORM**

|  |  |  |
| --- | --- | --- |
|  | Name of Deceased person |   |
|  | Age |   |
|  | Father's/ Mother's Name |   |
|  | Date and time of Death |   |
|  | Detail Address of Deceased person |   |
|  | Place of Death |   |
|  | Drug(s) used |   |
|  | Educational background |   |
|  | Family background |   |
|  | Remarks |   |

Dated : \_\_\_\_\_\_\_\_\_\_\_

 Asst. Commissioner of Excise & Narcotics,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ District, \_\_\_\_\_\_\_\_\_\_\_\_