

FORM NO. 9

(See Rule 9)

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

CERTIFICATE OF BIRTH issued under Section 17 of the Registration of Births and Deaths Act 1969

THIS IS TO CERTIFY THAT the following information has been taken from the original record of birth which is in the register for THE YEAR 2010 of GODIBANDHA P.H.C. TALCHER of (local area)

district ANGUL of State of Orissa.

F. Sushant Nahak,
PO - Semetua Nahak.

Name Gautesam Behari Nahak.

Sex Male.

Date of birth 17.10.2010.

Place of birth N. S. C. Hospital.

Name of father/mother.....

Registration No. 1511

Nationality of father/mother Indian

Date of Registration 20.10.2010.

Signature of Issuing Authority

Registrar Birth & Death

Godibandha P.H.C.

Sub-Station

Date 16.11.2010

Permanent address of father/mother

Dr. Sapnapalli

PO Balikana PS ASKA

Dist Ganjam (ODISHA)

