

FORM NO. 9

(See Rule 9)

GOVERNMENT OF ORISSA

DEPARTMENT OF HEALTH & FAMILY WELFARE



CERTIFICATE OF BIRTH issued under Section 12 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. TRACHER of (local area) district RANGUL of State of Orissa.

Name S. Ruchesh.
 Sex Male
 Date of birth 04-08-2010
 Place of birth N.S.C. Hospital

Name of father/mother F. Delli Ranjan Sahu
W. Sankata Sahu
 Registration No. 1185
 Nationality of father/mother Indian
 Date of Registration 21-08-2010

Signature of Issuing Authority
 Registrar Birth & Death

Godibandha P.H.C.

Seal

Date 21-08-2010

Permanent address of father/mother

He/Dr. Meekunda
NS/Dist- Angul (ODISHA)