

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.....2010..... of Angul Municipality tahsil.....Angul..... of (local area)
 district.....Angul..... of State of Orissa.

Name.....Ankita Sekar.....Sex.....Female.....Date of birth.....30.06.2010.....Place of birth.....Kalyani N-Home, Angul.....Name of father/mother.....Pradeep Ku saro
Subhagini PradeepRegistration No.....1224/10.....Nationality of father/mother.....Indio.....Date of Registration.....04.07.2010.....

Signature of Issuing Authority



Register of Birth & Death
 Excise &
 Angul Municipality

Seal

Date.....

Permanent address of father/mother

Danora, Colony
Angul