

FORM NO. 9

(See Rule 9)

GOVERNMENT OF ORISSA

DEPARTMENT OF HEALTH & FAMILY WELFARE

ERTIFICATE 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 TIHE YEAR 2008, SODIBANDIAMEL H.C. THURSE (local area)

1901 Sul of State of Orissa.

Name Jasadish Khilow Date of birth. 15.06.2008

Signature of Issuing Authority
Registar Birth & Death Godibandha P.H.G.

> F. Muraudhar Kheier. m. Sanju Khilar.

Name of father/mother.....

Registration No.....

Nationality of father/mother 9n dean 20.06.2008

Date of Registration....

Place of birth...

a da ma bate pur

Permanent address of father/mother

no tavamabate