

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 TALCHER of (local area)

district ANGUL of State of Orissa.

F. Narayan Sahoo
M. Sudhansu bala Sahoo

Name Ayush Kumar Sahoo.

Name of father/mother.....

Sex Male.

Registration No. 890.

Date of birth 21.06.2010.

Nationality of father/mother.....

Place of birth N. S. C Hospital.

Date of Registration 30.06.2010.

12-870

Signature of Issuing Authority

Registrar Birth & Death

Godibandha P.H.C.

Seal

12.08.2010.
Date

Permanent address of father/mother

De/po Jamunakote-

PS Bhuban.

Dist Dhenkanal. (ORISSA)