

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 DHH- Angul. tahsil Angul. of (local area) district Angul. of State of Orissa.

Name Subhalaxmi Pradhan.
 Sex Female.
 Date of birth 24-10-10
 Place of birth DHH- Angul.

Name of father/mother Kishore Pradhan
Sujata Pradhan
 Registration No. 4339/10
 Nationality of father/mother Indian.
 Date of Registration 25-10-10


 Signature of Issuing Authority

Sub-Register of Birth & Death
 Assistant District Medical Officer
 (Medical) D. H. H. Angul.

Date

Permanent address of father/mother

H- Kalamchhuan Palehar.
DHH- Angul