



FORM No.9
(See Rule 9)

GOVERNMENT OF ORISSA

DEPARTMENT OF HEALTH & FAMILY WELFARE

CERTIFICATE OF BIRTH issued under Section 17 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 the register for THE YEAR 2016 of GODIBANDHA Tahasil TALCHER of (local area) district ANGUL of State of Orissa.

Name S.K SHALL

Sex MALE

Date of Birth 16.08.2016

Place of Birth SOUTH BALANDA(N.S)

Name of father/mother S.K NAOSAD

MOTHER- HASINA KHATUN
Registration No. 1689

Nationality of father/mother INDIAN

Date of Registration 25.08.2016

Signature of Issuing Authority

Registrar Births & Deaths
P.H.C., Godibandha, Angul

Date 28.12.2016

Permanent address of father/mother

AT - SOUTH BALANDA
PO - SOUTH BALANDA
PS - COLLIERY
DIST - ANGUL (ORISSA)