

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

1	THIS IS TO OFFICE A SECTION 17 of the Registration of Births and Deaths Act, 1969	
1	register for the year 2011 of CHC Tropogotahsil And Orissa. Name. As win Kuman Sahu	as been taken from the original record of birth which is in the
1	of Orises	- 2. of (local area) district _ L cy o 70 29. of State
1		FOKAT - Pajendra Rumar Sabu
	Name. Aswin Kumar Saho	Makn- Suriake Scho.
H		Name of father/mother
	Sex	Registration No/222/2011
	Date of birth 11: 12: 1989	Netlonelity of full at the olding
	Place of birth	Nationality of father/mether
1		Date of Registration3112//
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1	CXXIV	
	Signature of Tesuing Authority	
	Registrer of Births and Deaths	
	Cum Medical Officer I/e. C.H.C., JEMADENTMA	Permanent address of father/mother
	Dist. Rayagada	- Bado Drugo bodi
	21.12.11	131 - Lay 20 40 -
	Date 31.12.1	The state of the s