

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 in the register

for **THE YEAR 2007** of **C.H.C Bissamcuttack** tahsil **Bissamcuttack** of (local area) district **Rayagada** of State of Orissa.

Name **Hemasusekher Samal** Name of father/mother **Bisnou Prasad Samal**  
Sex **Male** Registration No. **3078/2007**  
Date of birth **01.11.2007** Nationality of father/mother **Indian**  
Place of birth **Christian Hospital Bissamcuttack** Date of Registration **03.11.2007**

Signature of Issuing Authority  
*[Signature]*  
31.12.07



Permanent address of father/mother

**At- Berpada Po- Soudia**  
**Dist- Tajapur**

Date **31.12.07**