FORM No. 5 (See Rule 8)

BIRTH CERTIFICATE

(Issued under Section 12/17)



This is to certify that the following information has been taken from the original record of birth.

which is the register for (Local Area)

MUNICIPAL AREA, PORT BLAIR.

of Tahsil PORT BLAIR

of District ANDAMANS

of State ANDAMAN AND NICOBAR ISLANDS

Name

JUROL

Sex

FEMALE

Date of Birth

08/12/2006

Place of Birth

Hospital/Institution

Name: G.B. PANT HOSPITAL, PORT BLAIR, ANDAMAN.

Name of Father

MEO

Name of Mother

AFSANA BIBI

Registration No.

2761

Date of Registration 14/12/2006

Course of Health Services time me the make execution

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Date: 27/03/2007

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