

FORM No. 5
(See Rule 8)

BIRTH CERTIFICATE
(Issued under Section 12/17)

183

165

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

Subordinate Medical Officer
Municipal Area
Department of Health Services
Port Blair Andaman Islands

Date : 27/03/2007

Subhash Chandra Ray
Signature of Issuing Authority

Seal