



FORM NO-5
(SEE RULE-8)
(ISSUE UNDER SECTION 12/17)

This is to certify that the following information has been taken from the Original record of Birth which is in the register for (Local area KAMBANG of Sambalpur of District Sambalpur of State Orissa of India.

Name of Child... YASH
Sex... FEMALE
Date of Birth... 27th May 1995
Place of Birth... KAMBANG
Name of Father... Mr. NANGKU
Name of Mother... Ms. BANGKU
Registration No... SBMRB-330706
Date of Registration... 26/05/2006

SIG. OF ISSUING OFFICER
SEAL OF REGISTRAR
District Registrar
Sambalpur Circle