

FORM NO. 9  
( See Rule 9 )



GOVERNMENT OF *Office of the Registrar*  
Notified Area Authority  
DEPARTMENT OF *Registrar, North Tripura*

**CERTIFICATE OF BIRTH**

Issue under section 12 of the Registration of Births and Deaths Act, 1969  
Issue under section 17 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 *Notified Area of Tehsil, Kailashahar of District, North Tripura of State, Tripura* (local area)

Name... *Subarna Sinha*  
Sex... *Female*

Date of Birth... *27-02-1991*  
Place of Birth... *Kailashahar Hospital*  
Name of Father/Mother... *Sri. Tama Babu Sinha*  
Nationality of Father/Mother... *Indian (or Per. Statement)*

Registration No... *127*  
Date of Registration... *16-03-1991*  
Permanent address of Father/Mother... *P.O. Athambalok, Kailashahar, Dist - North Tripura.*

Signature of issuing authority.

*[Handwritten Signature]*

Chief Registrar.  
(Facsimile Signature)

Date ... ..  
TGPA-7-3-90-50,900-J. C. No. 2234.

*Registrar, North Tripura*  
*Kailashahar, North Tripura*