

(English Version)



FORM NO-7/8

ISSUE NO : 1008/2020

GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Talcher Municipality

CERTIFICATE OF BIRTH

Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rules of Odisha
Births and Deaths, Rule 2001

This is to certify that following information has been taken from the original records of birth which is in the
register for **Talcher Municipality** of Tahasil **TALCHER**
of District **ANGUL** of State **ODISHA**

Date of Birth.....07/03/2009

Permanent Address.....NAKEIPASI, DANARA,

Sex.....MALE

COLLIERY, ANGUL, ODISHA, INDIA, 759107

Name.....SWASTIK DAS

Name of Father.....BIJAY KUMAR DAS

Place of Birth.....SUBDIVISIONAL HOSPITAL,

Name of Mother.....SUNITA JIT

TALCHER

Date Of Registration.....16/03/2009

Registration No.....404/2009



Signature valid

Digitally signed by ATASI
PARIDA
Date: 2020.09.09 15:42:55
IST
Reason: Birth Application
Location: TALCHER

MRS ATASI PARIDA

Issuing Authority

Registrar, Births & Deaths

TALCHER MUNICIPALITY

Date :29/09/2020

Note: It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature. This certificate is issued as per section 4,5&6 of Information Technology Act 2000 and its subsequent amendments in 2008. For any query or verification, please visit <https://www.ulbodisha.gov.in>. Tampering of this certificate will attract penal action.