

(English Version)

FORM NO-7/8

ISSUE NO : 6699/2020



GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Angul 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 **Angul Municipality** of Tahasil **ANGUL** of District **ANGUL** of State **ODISHA**

Date of Birth..... 28/04/2017..... Permanent Address..... SOUTH BALANDA, ANGUL,.....
Sex..... FEMALE..... ODISHA, INDIA.....
Name..... EVANSHI BARIK.....
Name of Father..... RAJENDRA BARIK..... Place of Birth..... CHANDAN NURSING HOME, ANGUL.....
Name of Mother..... RATNAPRAVA BARIK.....
Date Of Registration..... 30/04/2017..... Registration No..... 2405/2017.....



Signature valid

Digitally signed by MR BINOD CHANDRA PANDA
CHANDRA PANDA
Date: 2020.08.14 16:44:36
IST
Reason: BM Application
Location: ANGUL

MR BINOD CHANDRA PANDA
Issuing Authority
Registrar, Births & Deaths
ANGUL MUNICIPALITY

Date : 14/08/2020

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.