Schedule XXX–Form No.7

C.H.C. MATHAKARAGOLA No. 825 Dt. 30/3/17 DIST. DHENKANAL

FORM No. 7

(*See* Rule 8)

BIRTH CERTIFICATE

(Issued under Section 17)

This is to certify that the following information has been taken from the original record of birth, which is the register for (local areas) 2015 of mathakaragola CHC of Tahasil Kamakhyanagar

of District Dhenkanal of State of Odisha

Name SAIKRISHNA DAS

Sex MALE

Date of Birth 05/09/2015 (Fifth September-2015)

Place of Birth mathakaragola CHC

Name of Father ASHOK DAS

Name of Mother RASHMITA DAS

Permanent Address of parents At- mathanagaon PO-Kanheipal, P.S-Bhuban, Dhenkanal

Registration No. 834/15

Date of Registration 10th September 2015

Registrar Births & Deaths
Signature of Issuing Authority
Medical Officer In-charge
C.H.C, Mathakaragola
Dist-Dhenkanal

Seal

Date 30/03/2017

OGP (Forms) CTP--136--10,00,000--10-04-2014