

(English Version)



FORM NO.-7/8

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 the following information has been taken from the original record of birth which is in the register for **ANGUL MUNICIPALITY** of Tahasil **ANGUL**

of District **ANGUL** of State of **ODISHA**

Date of Birth **30/10/2017**

Sex **MALE**

Name **PADMAKAR BARIK**

Name of Father **PHALGUNI BARIK**

Name of Mother **LIPIBALA BARIK**

Date Of Registration **10/11/2017**

Permanent Address **MANIKAMARA, PARJANGA,**

DHENKANAL, ODISHA, INDIA

Place of Birth **ARETE CARE HOSPITAL, ANGUL**

Registration No **6777/2017**



Signature of Issuing Authority

Registrar

Date **30/11/2017**

Births & Deaths **ANGUL MUNICIPALITY**