(English Version)

FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
TALCHER MUNICIPALITY

OFFICE OF THE REGISTRAR TALCHER MUNICIPALITY BIRTHS & DEATHS

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 ..... of Tahasil.....

of District..... of State of.....

TALCHER MUNICIPALITY

TALCHER

ANGUL

ODISHA

Date of Birth..... 08/01/2015

Sex..... MALE

Name..... SWASATARANJAN NAIK

Name of Father..... SAROJ KUMAR NAIK

Name of Mother..... RASMITA NAIK

Date Of Registration..... 28/01/2015

Permanent Address..... EKDAL, PADMABATIPUR,
TALCHER, ANGUL, ODISHA, INDIA

Place of Birth..... KARUNAKARA SEBA SADANA,
TALCHER

Registration No..... 157/2015

20.11.15

REGISTRAR
BIRTHS & DEATHS
Talcher Municipality

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date :
19/11/2015