Schedule XXX--Form No. 7

FORM NO. 7

(*See* Rule 8)

BIRTH CERTIFICATE

(Issued Under Section 17)

REGISTAR BIRTHS AND DEATHS * G.H.C. * GODIBANDHA

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

THE YEAR 2014 OF GODIBANDHA C.H.C TALCHER of Tahsil

of District ANGUL of State of Orissa.

Name Smruti Lekha Behera.

Sex Female.

Date of Birth 16.05.2014.

Place of Birth M.S.C Hospital

Name of Father Mamas Behera.

Name of Mother Narmada Behera.

Permanent Address of parents At. Nandera Colony P.O. Badajamada P.S. Vikramajha Dist. Angul

Registration No 1194 (ODISHA)

Date of Registration 01.06.2014

Date 16-06-2014

Signature of Issuing Authority

Registrar Birth & Death
Godibandha C.H.C.
Dist.: Angul

Seal

16/06

OGP(FORMS) DTP--172--8,00,000-14-10-2011