

(English Version)



FORM NO-7/8

ISSUE NO : 9653/2020

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..... 06/11/2018 ..... Permanent Address..... **RODA, PARJANG, DHENKANAL,**  
Sex..... **MALE** ..... **ODISHA, INDIA** .....  
Name..... **PRATYUSH MUDULI** .....  
Name of Father..... **GIRISH CHANDRA MUDULI** .....  
Name of Mother..... **SWETA MUDULI** .....  
Date Of Registration..... 24/11/2018 ..... Place of Birth..... **DHH ANGUL, ANGUL** .....  
Registration No..... **6749/2018** .....



Signature valid

Digitally signed by BINOD  
CHANDRA PANDA  
Date: 2020.11.17 17:48:29  
IST  
Reason: Birth Application  
Location: ANGUL

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

Date :17/11/2020

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.albodisha.gov.in>. Tampering of this certificate will attract penal action.