(English Version)

FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

TALCHER 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 Talcher Municipality of Tahasil TALCHER of District ANGUL of State of ODISHA

Date of Birth 10/11/2018

Sex FEMALE

Name SAI SWATIKA SAHOO

Name of Father SATYA RANJAN SAHOO

Name of Mother SWAGATIKA PRADHAN

Date Of Registration 16/11/2018

Permanent Address JILINDA, HENSMUL, TALCHER, ANGUL, ODISHA, INDIA

Place of Birth SANJIBANI CLINIC, TALCHER

Registration No 1395/2018

Signature valid

Digitally signed by [illegible] PARIDA

Date: 2019.02.[illegible] 10:55:55 IST

Reason: Birth Application

Location: TALCHER

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, please visit https://www.ulbodisha.gov.in. Tampering of this certificate will attract penal action.

Date :

12/02/2019

Signature of Issuing Authority

Registrar

Births & Deaths

TALCHER MUNICIPALITY