

(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 07/10/2016

Sex MALE

Name YOJIT RANJAN SAHOO

Name of Father PRADEEP KUMAR SAHOO

Name of Mother SUPRIYA SAHU

Date Of Registration 13/10/2016

Permanent Address CHAKRA PRASAD,

SARADHAPUR, NARASINGHPUR, CUTTACK,

ODISHA, INDIA

Place of Birth SUBDIVISIONAL HOSPITAL,

TALCHER

Registration No 1557/2016

Date

16/12/2016

  
Signature of Issuing Authority  
Registrar  
Births & Deaths  
TALCHER MUNICIPALITY