Schedule XXX--Form No. 7

FORM NO. 7

(See Rule 8)

BIRTH CERTIFICATE

(Issued Under Section 17)

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 2015 OF GODIBANDHA C.H.C. TALCHER of Tahsil

of District ANGUL of State of Orissa.

Name Sibananda Mohanty. Name of Mother Meera Mohanty.

Sex male. Permanent Address of parents At/Po./Ps. Kamakhyanagar.

Date of Birth 24.08.2015. Dist. Dhenkanal

Place of Birth S.S. Hospital Registration No 1938. (ODISHA)

Name of Father Deepak Kumar Mohanty. Date of Registration 31.08.2015.

Date 02-08-2015.

Signature of Issuing Authority

Registar Births & Deaths
Godibandha C.H.C.
Dist. :- Angul

Seal

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