(English Version) FORM NO.- 7 / 8

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 the following information has been taken from the original record of birth which is in the register for ANGUL MUNICIPALITY of Tahasil ANGUL of District ANGUL of State of ODISHA

Date of Birth 11/01/2015 Permanent Address GOBARA, BIKRAMPUR, ANGUL, ANGUL, ODISHA, INDIA

Sex MALE

Name ANMOL BEHERA

Name of Father KSHIROD BEHERA Place of Birth KALYANI NURSHING HOME, ANGUL

Name of Mother SUJATA BEHERA

Date Of Registration 15/01/2015 Registration No. 372/2015

Signature of Issuing Authority
Registrar
Births & Deaths
ANGUL MUNICIPALITY

Date : 30-07-2015