

(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 following information has been taken from the original records of birth which is in the
register for **Talcher Municipality** of Tahasil **TALCHER**
of District **ANGUL** of State **ODISHA**

Date of Birth..... **26/09/2019**..... Permanent Address..... **AT-CHALAGAD,**
Sex..... **MALE**..... **PO-GHANTAPADA, PS-COLLIERY, ANGUL,**
Name **AMANJEET SITHA**..... **ODISHA, INDIA**
Name of Father **AJAYA SITHA**..... **Place of Birth..... SANJIBANI CLINIC, TALCHER**
Name of Mother **BABI SITHA**.....
Date Of Registration..... **27/09/2019**..... Registration No..... **1060/2019**



Signature valid

Digitally signed by MRS ATASI PARIDA
Date: 2019.11.01 16:30:02
IST
Reason: E-Sign Application
Location: TALCHER

MRS ATASI PARIDA
Issuing Authority
Registrar, Births & Deaths
TALCHER MUNICIPALITY

Date :01/11/2019

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