

(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 **03/05/2016**

Permanent Address **DEULABEDA TALCHAR**

Sex **MALE**

**ANGUL ANGUL ODISHA INDIA**

Name **SUBHRANSHU PARIDA**

Name of Father **HARI PARIDA**

Place of Birth **KALYANI NURSHING HOME, ANGUL**

Name of Mother **PRANATI PARIDA**

Date Of Registration **07/05/2016**

Registration No. **3285/2016**

Signature of Issuing Authority

Registrar

Births & Deaths

**ANGUL MUNICIPALITY**

Date: 11/4/16