(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 register for | | of Tahasil. TALCHER |
|---|-----------------------|--|
| register for | | of State of ODISHA |
| Date of Birtl | 20/11/2018 | Permanent Address. NEW BALANGI, SAMAL. |
| Sex | FEMALE | SAMAL, ANGUL, ODISHA, INDIA |
| | SHI GARNAYAK | |
| Name of Father, SAKTI PRASAD GARNAYAK | | Place of Birth SANJIBANI CLINIC, TALCHER |
| Name of Mo | other ANISHA GARNAYAK | |
| Date Of Registration. 29/11/2018 | | Registration No |
| | | |

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Signature valid

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, please visit https://www.ulbodisha.gov.in. Tampering of this certificate will attract penal action.

19/01/2019

Signature of Issuing Authority Registrar Births & Deaths

TALCHER MUNICIPALITY