



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

Date of Birth.....	04/04/2019	Permanent Address.....	SOLADA, COLIARY, ANGUL,
Sex.....	MALE	ODISHA, INDIA	
Name.....	DIBYAN KUMAR SAHOO		
Name of Father.....	SUBRAT KUMAR SAHOO	Place of Birth.....	DHH ANGUL, ANGUL
Name of Mother.....	BUNU SAHOO		
Date Of Registration.....	22/04/2019	Registration No.....	2507/2019



Signature valid

Digitally signed by  
SUBHENDU KUMAR JENA  
Date: 2019.07.22 00:24:53  
IST  
Reason: Birth Application  
Location: ANGUL

MR SUBHENDU KUMAR JENA  
Issuing Authority  
Registrar, Births & Deaths  
ANGUL MUNICIPALITY

Date :22/07/2019

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