(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 07/02/2012

Permanent Address NAKHIPASHI COLLIERY, DAANARA, ANGUL, ODISHA, INDIA

Sex MALE

Name SATYAJIT DAS

Name of Father SUMAN KUMAR DAS

Place of Birth DHH ANGUL, ANGUL

Name of Mother AMBIKA KUMARI KAR

Date Of Registration 13/02/2012

Registration No 916/2012

Signature of Issuing Authority
Registrar
Births & Deaths
ANGUL MUNICIPALITY

Date :