(English Version)

FORM NO-7/8

Registration of Birth & Death
Angul Municipality

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	18/01/2019	Permanent Address	BAGHUABOLA, TALCHER, ANGUL, ODISHA, INDIA
Sex	MALE		
Name	DIBYA SANKARDEV NAIK		
Name of Father	NILAMADHAB NAIK	Place of Birth	DHH ANGUL, ANGUL
Name of Mother	SUMITRA NAIK		
Date Of Registration	06/02/2019	Registration No	926/2019

Signature valid

Digitally signed by SUBHENDU KUMAR JENA
Date: 2019.06.24 09:29:23 IST
Reason: BIRD Application
Location: ANGUL

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

Date :24/06/2019

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.uibodisha.gov.in. Tampering of this certificate will attract penal action.