

(English Version)



FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
TALCHER MUNICIPALITY



CERTIFICATE OF BIRTH

Issued under section 12(1) 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 TALCHER MUNICIPALITY of Tahasil TALCHER
of District ANGUL of State of ODISHA

Date of Birth 07/09/2015

Sex MALE

Name SATYAM BHUKTA

Name of Father MAMULA BHUKTA

Name of Mother JYOTRIMAYEE DHIR

Date Of Registration 14/09/2015

Permanent Address AT-RAKAS,

PO-PADMABATIPUR, PS-TALCHER, ANGUL,

ODISHA, INDIA

Place of Birth SANJIBANI CLINIC, TALCHER

Registration No. 1536/2015

Date :
18/01/2016

20.1.16
Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY