

(English Version)



FORM NO-7/8

ISSUE NO : 171/2020

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

Date of Birth.....**23/12/2019**

Permanent Address.....**AT/PO-GHANTAPADA,**

Sex.....**MALE**

PS-COLLIERY, ANGUL, ODISHA, INDIA

Name.....**DIBYANSHU SAHOO**

Name of Father.....**PRATAP SAHOO**

Place of Birth.....**SUBDIVISIONAL HOSPITAL,**

Name of Mother.....**TUSMITA SAHOO**

TALCHER

Date Of Registration.....**02/01/2020**

Registration No.....**24/2020**



Signature valid

Digitally signed by ATASI
PARIDA
Date: 2020.02.23 17:00:57
IST
Reason: BMD Application
Location: TALCHER

MRS ATASI PARIDA

Issuing Authority

Registrar, Births & Deaths

TALCHER MUNICIPALITY

Date :10/02/2020

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.