

(English Version)

FORM NO.-7/8



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, 1909 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, Odisha

Name of District: **ANGUL** of State of: **ODISHA**

Name: **SRIYASALIN SAHOO**

Name of Father: **GAURANGA SAHOO**

Name of Mother: **DIPTIMAYEE SAHOO**

Date of Birth: **09/03/2013**

Sex: **FEMALE**

Permanent Address: **GOBARA, GOBARA, VIKRAMPUR, ANGUL, ODISHA, INDIA**

Place of Birth: **JENA AND JENA NURSINGHOME, TALCHER**

Date Of Registration: **14/03/2013**

Registration No: **415/2013**

Signature of Issuing Authority: **[Signature]**

Registrar: **[Signature]**

Births & Deaths: **TALCHER MUNICIPALITY**

Date: **26-11-2013**