

(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, 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.....**17/05/2015**.....

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

Sex.....**FEMALE**.....

PS-COLLIERY, ANGUL, ODISHA, INDIA.....

Name.....**DEEPALI SAHOO**.....

Name of Father.....**SANTOSH SAHOO**.....

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

Name of Mother.....**URBASI SAHOO**.....

TALCHER.....

Date Of Registration.....**02/06/2015**.....

Registration No.....**1041/2015**.....



Signature valid

Digitally signed by ATASI
PARIDA
Date: 2019.09.11 15:37:56
IST
Reason: Birth Application
Location: TALCHER

MRS ATASI PARIDA
Issuing Authority
Registrar, Births & Deaths
TALCHER MUNICIPALITY

Date :21/09/2019

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.ulbodisha.gov.in>. Tampering of this certificate will attract penal action.