Schedule XXX--Form No. 7

FORM NO. 7

(*See* Rule 8)

BIRTH CERTIFICATE

(Issued Under Section 17)

This is to certify that the following information has been taken from the original record of birth, which is the register for local areas)

THE YEAR 2015 OF GODIBANDHA C.H.C. TALCHER of Tahsil.....

of District..... ANGUL. ..... of State of Orissa.

Name..... Richè Parèkhet Naik ..... Name of Mother..... Jhumukè Naik

Sex..... male. ..... Permanent Address of parents..... At. Baghuabol

Date of Birth..... 26.10.2015. ..... P.O. P.S. Talcher Dist. Angul

Place of Birth..... City Hospital. ..... Registration No..... 2262. (ODISHA)

Name of Father..... Rajat Kumar Naik ..... Date of Registration..... 12.11.2015.

Date..... 20-11-2015

Signature of Issuing Authority
Registar Births & Deaths
Godibandha C.H.C.
Dist. :- Angul

OGP(FORMS) DTP--172--8,00,000-14-10-2011