

(English Version)



FORM NO-7/8



GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Angul 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 Angul Municipality of Tahasil ANGUL
of District ANGUL of State ODISHA

Date of Birth..... 04/07/2017 Permanent Address..... DURGAKOTE, BALIMI,
Sex..... FEMALE..... DHENKANAL, ODISHA, INDIA.....
Name..... SUBHASHREE PATTAIAK.....
Name of Father..... ABHAYA PATTAIAK..... Place of Birth..... DHH ANGUL, ANGUL
Name of Mother..... SUJATA PATTAIAK.....
Date Of Registration..... 21/07/2017 Registration No..... 4141/2017



Signature valid

Digitally signed by
SUBHENDU KUTUMAR JENA
Date: 2017.12.16 10:09:37
IST
Reason: Birth Application
Location: ANGUL

Signature of Issuing Authority
Registrar
Births & Deaths
ANGUL MUNICIPALITY

Date : 16/12/2018

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.