

(English Version)



FORM NO-7/8

GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Keonjhar 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 **Keonjhar Municipality** of Tahasil **SADAR**
of District **KEONJHAR** of State **ODISHA**

Date of Birth..... **30/09/2018**..... Permanent Address..... **KOILISUTA, TELKOI,**
Sex..... **FEMALE**..... **KEONJHAR, ODISHA, INDIA**
Name..... **SRABANI PENTHEI**.....
Name of Father..... **HEMANTA PENTHEI**..... Place of Birth..... **DISTRICT HEAD QUARTER**
Name of Mother..... **JASODA PENTHEI**..... **HOSPITAL, KEONJHAR**
Date Of Registration..... **10/10/2018**..... Registration No..... **5232/2018**



Signature valid

Digitally signed by
SRUTAKIRTI MOHANTY
Date: 2019.01.13 17:34:21
IST
Reason: Birth Application
Location: KEONJHAR

Smohanty

Signature of Issuing Authority
Registrar
Births & Deaths
KEONJHAR MUNICIPALITY

Date :19/01/2019

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.