

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 2012 OF GODIBANDHA C.H.C. TALEKHER



of District Angul of State of Orissa.

Name Smt. Pragyada Das

Sex Female

Date of Birth 10.03.2012

Place of Birth N. S. C. Hospital

Name of Father Birendra Kumar Das

Name of Mother Jenu Das

Permanent Address of parents De. Nayeebashi P. Danara

P. Colceery Dist. Angul

Registration No. 483. (ADSH)

Date of Registration 13.03.2012

Date 02.09.2013

Recd 02/09/13

Signature of Issuing Authority

Registrar Birth & Death
Godibandha C.H.C.

Dist.: Angul

Sp 10/13