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 2011 OF GODIBANDHA C.H.C. TALCHER. of Tahsil.....

of District ANGUL. of State of Orissa.

Name Som Sabyasachi Behera. Name of Mother Mamata Behera.

Sex Male. Permanent Address of parents At/Po. Santhapada.

Date of Birth 13.04.2011. P.S. Talcher. Dist. Angul.

Place of Birth N.S.C. Hospital Registration No. 738. (ODISHA)

Name of Father Sudam Behera. Date of Registration 20.04.2011.

Date 09.04.2013

Signature of Issuing Authority

Registrar Birth & Death
Godibandha C.H.C.
Dist.: Angul

Seal

OGP(FORMS) DTP--172--8.00.000-14-10-2011