



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 the following information has been taken from the original record of birth which is in the register for.....ANGUL MUNICIPALITY.....of Tahasil.....ANGUL.....

of District.....ANGUL.....of State of.....ODISHA.....

Date of Birth.....27/10/2013.....

Sex.....FEMALE.....

Name.....PRANATI SAHU.....

Name of Father.....MOHAN SAHU.....

Name of Mother.....PRAVATI SAHU.....

Date Of Registration.....15/11/2013.....

Registration No.....693212013.....

Permanent Address.....BADAHINSAR, BIMALBEDA.....

Place of Birth.....DHH ANGUL, ANGUL.....

Signature of Issuing Authority

Registrar

Births & Deaths

Date: 02-07-15

ANGUL MUNICIPALITY