(English Version)

FORM NO-7/8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

BERHAMPUR MUNICIPAL CORPORATION

OFFICE OF THE REGISTRAR OF BIRTHS & DEATHS & HEALTH OFFICER BRAHMAPUR MUNICIPAL CORPN. BRAHMAPUR (GM.)

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 **BERHAMPUR MUNICIPAL CORPORATION** of Tahasil **BERHAMPUR** of District **GANJAM** of State **ODISHA**

Date of Birth..... **16/06/2016** .....

Sex..... **FEMALE** .....

Name..... **PAYAL MOHARANA** .....

Name of Father..... **SURYA MOHARANA** .....

Name of Mother..... **SUNITA MOHARANA** .....

Date Of Registration..... **29/06/2016** .....

Permanent Address..... **GURUDWARA, BALANDA, VIKRAMPUR, ANGUL, ODISHA, INDIA** .....

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Place of Birth..... **CITY HOSPITAL, BERHAMPUR** .....

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Registration No..... **10787/2016** .....

14.7.2016

REGISTRAR OF BIRTHS & DEATHS & HEALTH OFFICER BRAHMAPUR MUNICIPAL CORPORATION BRAHMAPUR (GM.)

Signature of Issuing Authority

Registrar

Births & Deaths

BERHAMPUR MUNICIPAL CORPORATION

Date :13/07/2016

Note: 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.