



FORM NO : 7

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

KEONJHARGARH 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 **KEONJHAR MUNICIPALITY** of Tahasil **SADAR**

of District **KEONJHAR** of State of **ODISHA**

Date of Birth **06/05/2013**Permanent Address **KAPTIPADA, GANDADIHA, H.C.**Sex **FEMALE****PUR, KEONJHAR, ODISHA, INDIA**Name **SOUMYAA PRIYADARSHINEE NAYAK**Name of Father **SANGRAM KESHARI NAYAK**Place of Birth **KEONJHAR NURSING HOME,**Name of Mother **AHALYA NAYAK****KEONJHAR**Date Of Registration **25/05/2013**Registration No. **2029/2013**

Signature of Issuing Authority

Registrar

Births & Deaths

KEONJHARGARH MUNICIPALITYDate **13.06.2013**