

(English Version)



FORM NO. 7/8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
TALCHER 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 **TALCHER MUNICIPALITY** of Tahasil **TALCHER**

of District **ANGUL** of State of **ODISHA**

Date of Birth **09/05/2013**

Permanent Address **HILOL PADMABATIPUR**

Sex **FEMALE**

COLLIERY, ANGUL, ODISHA, INDIA

Name **YASSIKA PRADHAN**

Name of Father **NIRANJAN PRADHAN**

Place of Birth **KARUNAKARA SEBA SADANA**

Name of Mother **BANITA PRADHAN**

TALCHER

Date Of Registration **14/05/2013**

Registration No. **797/2013**

Signature of Issuing Authority

Registrar

Births & Deaths

TALCHER MUNICIPALITY

Date : **21.06.2013**