FORM NO.- 7 / 8

English Version

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
ANGUL MUNICIPALITY

Issued under section 17(1) of the Registration of Births and Deaths Act, 1969 and Rules of Odisha Births and Deaths, Rule 2001.

CERTIFICATE OF BIRTH

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 14/06/2018

Sex MALE

Name AGNIK BARIK

Name of Father DIBESH BARIK

Name of Mother ANJANA BARIK

Date Of Registration 21/06/2018

Permanent Address GOBARA, VIKRAMPUR, ANGUL, ODISHA, INDIA

Place of Birth CHANDAN NURSHING HOME, ANGUL

Registration No. 3518/2018

Signature valid
Digitally signed by SUBHENDU KUMAR JENA
Date: 2018.10.22 22:41:22 IST
Reason: Birth Application
Location: ANGUL

Note: This is a digitally signed electronically generated certificate and therefore needs no ink-signed signature. This certificate is issued as per section 4, 5 & 6 of Information Technology Act 2000 and its subsequent amendments in 2008. For any query, please visit https://www.ulbodisha.gov.in. Tampering of this certificate will attract penal action.

Date : 10/10/2018

Signature of Issuing Authority
Registrar
Births & Deaths
ANGUL MUNICIPALITY