

(English Version)



FORM NO-7/8

ISSUE NO : 7620/2021

**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 following information has been taken from the original records of birth which is in the register for **Angul Municipality** of Tahasil **ANGUL** of District **ANGUL** of State **ODISHA**

Date of Birth.....**27/02/2021**.....

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

Name.....**ARAVI PRADHAN**.....

Name of Father.....**ASHOK PRADHAN**.....

Name of Mother.....**RINA SAMAL**.....

Date Of Registration.....**11/03/2021**.....

Permanent Address.....**EKADAL, PADMABATIPUR,**.....

**TALCHER, ANGUL, ODISHA, INDIA**.....

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

Registration No.....**1899/2021**.....



**Signature valid**

Digitally signed by **GIRIJA SANKAR MALLICK**  
Date: 2021.10.26 09:55:53  
IST  
Reason: Birth Application  
Location: ANGUL

**MR GIRIJA SANKAR MALLICK**

Issuing Authority  
Registrar, Births & Deaths  
**ANGUL MUNICIPALITY**

**Date :18/10/2021**

Note: It 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 or verification, please visit <https://www.ulbodisha.gov.in>. Tampering of this certificate will attract penal action.