(English Version)

FORM NO. 7 A

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

TALCHER MUNICIPALITY

OFFICE OF THE REGISTRAR BIRTHS & DEATHS 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 25/01/2017

Sex MALE

Name SABNAM SAHOO

Name of Father SARATHI SAHOO

Name of Mother PINKY BEHERA

Date Of Registration 31/01/2017

Permanent Address HILOI, PADMABATIPUR, TALCHER, ANGUL, ODISHA, INDIA

Place of Birth SANJIBANI CLINIC, TALCHER

Registration No 128/2017

10.8.17

REGISTRAR BIRTHS & DEATHS Talcher Municipality

Signature of Issuing Authority

Registrar

Births & Deaths

TALCHER MUNICIPALITY

Date :
10/08/2017