

(English Version)

FORM NO. - 7 / 8



GOVERNMENT OF ODISHA  
DEPARTMENT OF HEALTH AND FAMILY WELFARE  
BHUBANESWAR MUNICIPAL CORPORATION  
**CERTIFICATE OF BIRTH**

NO. 21627...PH/VS  
dt. 30-7-18

*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 **Bhubaneswar Municipal Corporation** of Tahasil **BHUBANESWAR**  
of District **KHORDHA** of State of **ODISHA**

Date of Birth **28/01/2018**

Sex **MALE**

Name **PRABHUDATTA SAHOO**

Name of Father **ALEKHA SAHOO**

Name of Mother **USHA RANI SAHOO**

Date Of Registration **08/02/2018**

Permanent Address **AT-BAGHAMUNDA, PO-KRUSHNA**

**NAGAR PATNA, PS/VIA-KAKATPUR, PURI,**

**ODISHA, INDIA**

Place of Birth **ANNAPURNA MEMORIAL HOSPITAL,**

**BHUBANESWAR**

Registration No. **2520/2018**



Signature valid

Digitally signed by RAMA  
CHANDRA ROY  
Date: 2018.07.25 12:06:58  
IST  
Reason: Birth Application  
Location: BHUBANESWAR

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

Date

25/07/2018

Signature of Issuing Authority  
Registrar

Births & Deaths  
BHUBANESWAR MUNICIPAL CORPORATION