

(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 **10/11/2015**

Permanent Address **LLHATTING, GHANTAPADA,**

Sex **MALE**

**COLLIERY, ANGUL, ODISHA, INDIA**

Name **SIBARAM DIGI**

Name of Father **NIMAI DIGI**

Place of Birth **SUBDIVISIONAL HOSPITAL,**

Name of Mother **RAIMUNI DIGI**

**TALCHER**

Date Of Registration **18/11/2015**

Registration No. **1947/2015**



Signature valid

Digitally signed by ATASI  
PARID  
Date: 2018.05.15 08:14:12  
IST  
Reason: Birth Application  
Location: TALCHER

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

15/05/2018

Signature of Issuing Authority  
Registrar  
Births & Deaths  
TALCHER MUNICIPALITY