(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 23/09/2016

Sex FEMALE

Name SAI SAMPURNA SAHOO

Name of Father AKSHAYA KU. SAHOO

Name of Mother PADMABATI SAHOO

Date Of Registration 27/09/2016

Permanent Address RODHASARA, GHANTAPADA, COLLIERY, ANGUL, ODISHA, INDIA

Place of Birth SUBDIVISIONAL HOSPITAL, TALCHER

Registration No 1488/2016

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER

Date : 23/11/2016