Schedule XXX–Form No. 8

OFFICE OF THE
REGISTRAR OF BIRTHS & DEATHS
CUM
MEDICAL OFFICER I/C
C.H.C. ANLABERENI
DT. DHENKANAL (ORISSA)
1231 24:12:11

BIRT BIRTHCER

FORM No. 8

(See Rule 8)

BIRTH CERTIFICATE

(Issued under Section 12)

This is to certify that the following information has been taken from the original record of birth which is the register for (local areas) year 2011, CHC Anlabereni of Tahasil Kamakshyanagar

of District Dhenkanal of State of Orissa

Name Swagat Ranjan Sahoo

Sex Male

Date of Birth 29:10:2011

Place of Birth CHC Anlabereni

Name of Father Deepti Ranjan Sahoo

Name of Mother Subhadra Sahoo

Permanent Address of parents At/Po: Kanheli
Ps: Parjang, Dist: Dhenkanal

Registration No. 2063/11

Date of Registration 30:10:2011

Date 24:12:11

REGISTRAR OF BIRTHS & DEATHS

Signature of Issuing Authority

Medical Officer I/C.
C.H.C. Anlabereni
Dt. Dhenkanal (Orissa)
Seal

OGP (Forms)·DTP--211--10,00,000--09-12-2009