(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 ..... of Tahasil.....

of District.....of State of.....

Date of Birth.....07/12/2018

Sex.....MALE

Name.....JATIN BEHERA

Name of Father.....PINTU BEHERA

Name of Mother.....SUBHASMIN PRADHAN

Date Of Registration.....20/12/2018

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

Place of Birth.....SANJIBANI CLINIC, TALCHER

Registration No.....1563/2018

Signature valid

Digitally signed by [illegible] PARIDA

Date: [illegible] 15:50:55 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 :**

30/03/2019

**Registrar**
**Births & Deaths**
**TALCHER MUNICIPALITY**