

Schedule XXX

No.



Government Of Odisha
Department Of Health And Family Welfare

(Name of the local body issuing authority) MENDHASAL CHC

FORM NO-7



BIRTH CERTIFICATE

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and 8/13 of the Odisha Registration of Births and Deaths, Rule 2001)

This is to certify that the following information has been taken from the original records of birth, which is the register for (local area/local body)
MENDHASAL CHC of Tahsil BHUBANESWAR of District KHURDHA of State ODISHA

Name..... SREYA MANASMITA LENKA

Sex..... FEMALE

Date of Birth..... 15/08/2015

Place of Birth..... JANANI HOSPITAL, MENDHASAL

Name of Mother..... SUDHANSUBALA SWAIN

Name of Father..... PABITRA KUMAR LENKA

Permanent Address of Parents

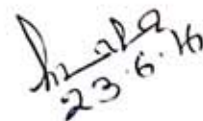
Registration No..... 991/2015

BERABOI, DANDIPUR,

Date Of Registration..... 25/08/2015

BALANGA, PURI, ODISHA, INDIA

Date of Issue..... 23/06/2016


Signature of Issuing Authority
Registrar, Births & Deaths
MENDHASAL CHC

"Ensure registration of every birth and death"