

(English Version)



FORM NO-7/8

ISSUE NO : 966/2021

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 following information has been taken from the original records of birth which is in the
register for Talcher Municipality of Tahasil TALCHER
of District ANGUL of State ODISHA

Date of Birth.....17/08/2020

Permanent Address.....GHANTAPADA, GHANTAPADA,

Sex.....FEMALE

COLLIERY, ANGUL, ODISHA, INDIA

Name SUBHANSHI BEHERA

Name of Father BIBHUTI BEHERA

Place of Birth.....SUBDIVISIONAL HOSPITAL,

Name of Mother DISHA SAHOO

TALCHER

Date Of Registration.....27/08/2020

Registration No.....944/2020



Signature valid

Digitally signed by
RASHMIREKHA AAMANTA
Date: 2021.08.04 16:36:21
IST
Reason: Birth Application
Location: TALCHER

MISS RASHMIREKHA AAMANTA

Issuing Authority

Registrar, Births & Deaths

TALCHER MUNICIPALITY

Date :04/08/2021

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 or verification, please visit <https://www.ulbodisha.gov.in>. Tampering of this certificate will attract penal action.