

(English Version)

FORM NO-7/8



GOVERNMENT OF ODISHA  
DEPARTMENT OF HEALTH AND FAMILY WELFARE  
Angul 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 **Angul Municipality** of Tahasil **ANGUL**  
of District **ANGUL** of State **ODISHA**

Date of Birth.....12/04/2019.....

Permanent Address.....KANKADASODA, PARJANG,.....

Sex.....FEMALE.....

DHENKANAL, ODISHA, INDIA.....

Name.....SUSHREE SAINA ROUL.....

Name of Father.....SAROJ KUMAR ROUL.....

Place of Birth.....DHH ANGUL, ANGUL.....

Name of Mother.....LILI BARIK.....

Date Of Registration.....30/04/2019.....

Registration No.....2705/2019.....



Signature valid

Digitally signed by BINOD  
CHANDRA PANDA  
Date: 2019.10.26 17:43:29  
IST  
Reason: Birth Application  
Location: ANGUL

MR BINOD CHANDRA PANDA  
Issuing Authority  
Registrar, Births & Deaths  
ANGUL MUNICIPALITY

Date :26/10/2019

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.