

(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 **TALCHER MUNICIPALITY** of Tahasil **TALCHER**
of District **ANGUL** of State of **ODISHA**

Date of Birth **05/03/2011**

Sex **MALE**

Name **ROHAN SWAIN**

Name of Father **BINODA SWAIN**

Name of Mother **ROJI SWAIN**

Date Of Registration **16/05/2011**

Permanent Address **GOBARA, GOBARA,**

VIKRAMPUR, ANGUL, ODISHA, INDIA

Place of Birth **JENA AND JENA NURSINGHOME,**

TALCHER

Registration No. **824/2011**

Date : **05/02/2015**

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY