

(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 07/05/2018

Sex FEMALE

Name SRADHANJALI NAIK

Name of Father GOUTTAM NAIK

Name of Mother SUMATI NAIK

Date Of Registration 18/05/2018

Permanent Address EKDAL, PADMABATIPUR,

TALCHER, ANGUL, ODISHA, INDIA

Place of Birth SUBDIVISIONAL HOSPITAL,

TALCHER

Registration No 609/2018



Signature valid

Digitally signed by ATASI  
PARIDA  
Date: 2018.07.30 12:58:51  
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 :

10/07/2018

Signature of Issuing Authority  
Registrar  
Births & Deaths

TALCHER MUNICIPALITY