

(English Version)



FORM NO-7/8

ISSUE NO : 686/2021

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.....12/02/2021

Sex.....FEMALE

Name.....SHONAYA PRUSTY

Name of Father.....RAJESH KUMAR PRUSTY

Name of Mother.....ARATI SAHU

Date Of Registration.....18/02/2021

Permanent Address.....DEULBEDA, TELI SAHI,

HANDIDHUA, COLLIERY, ANGUL, ODISHA.

INDIA

Place of Birth.....SUBDIVISIONAL HOSPITAL,

TALCHER

Registration No.....217/2021



Signature valid

Digitally signed by
RASHMIREKHA AAMANTA
Date: 2021.06.04 10:02:25
IST
Reason: Birth Application
Location: TALCHER

MISS RASHMIREKHA AAMANTA

Issuing Authority

Registrar, Births & Deaths

TALCHER MUNICIPALITY

Date :04/05/2021

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.