

FORM NO. 7

(See Rule 8)



BIRTH CERTIFICATE

(Issued Under Section 17)

This is to certify that the following information has been taken from the original record of birth, which is the register for (local areas)

THE YEAR 2013 OF GODIBANDHA C.H.C. TALCHER

of District ANIGUL of State of Orissa.

Name Pranshi Das.

Sex Female.

Date of Birth 03.10.2013.

Place of Birth Kreshna Clinic.

Name of Father Rajendra Kumar Das.

Date 02.05.2014

Name of Mother Alecha Das.

Permanent Address of parents Ae. Lanepashi.

PO. Danana P.O. Coleery Dist. Nayagol

Registration No. 1966. (ADISHA)

Date of Registration 10.10.2013.

Signature of Issuing Authority
 Registrar Birth & Death
 Godibandha, C.H.C.
 Dist.: Angul