

(English Version)



FORM NO-7/8

ISSUE NO : 364/2021

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.....**20/12/2010**

Sex.....**MALE**

Name.....**SOUMYA RANJAN GARANAYAK**

Name of Father.....**SANTOSH KUMAR GARANAYAK**

Name of Mother.....**SUSANTI GARANAYAK**

Date Of Registration.....**30/12/2010**

Permanent Address.....**GAHAM, GAHAM, SAMAL**

BARRAGE, ANGUL, ODISHA, INDIA

Place of Birth.....**SUBDIVISIONAL HOSPITAL,**

TALCHER

Registration No.....**100375/2010**



Signature valid

Digitally signed by
RASHMIREKHA AAMANTA
Date: 2021.03.02 15:24:50
IST
Reason: Birth Application
Location: TALCHER

MISS RASHMIREKHA AAMANTA

Issuing Authority

Registrar, Births & Deaths

TALCHER MUNICIPALITY

Date :02/03/2021

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.