

English Version

OFFICE OF THE
REGISTRAR OF BIRTH &
DEATH & HEALTH OFFICER
DHENKANAL MUNICIPALITY
~~V.O.S.P.H.V.S.~~ Dt. 17.08.2018



GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
DHENKANAL 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 **DHENKANAL MUNICIPALITY**..... of Tahasil..... **DHENKANAL**.....
of District..... **DHENKANAL**..... of State of..... **ODISHA**.....

Date of Birth..... 20/09/2018

Sex..... **FEMALE**

Name..... **TASMEISHREE SAHOO**

Name of Father..... **DINABANDHU SAHOO**

Name of Mother..... **ANNAPURNA SAHOO**

Date Of Registration..... **21/09/2018**

Permanent Address..... **JAGIAPADA, GHOLAPUR,**.....

ATHAGARH, CUTTACK, ODISHA, INDIA.....

Place of Birth..... **DIST.HQ.R.HOSPITAL, DHENKANAL**.....

Registration No..... **6466/2018**



FORM No. - 7/8

ISSUE NO : 4342/2020

Signature of Issuing Authority
By _____
DHENKANAL MUNICIPALITY
Dhenkanal Municipal Corporation

Date :
14/08/2020