(English Version)

FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

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

Date of Birth..25/11/2016

Sex..MALE

Name..RIYANSH NAYAK

Name of Father..HEMANATA NAYAK

Name of Mother..SUNITA NAYAK

Date Of Registration..13/12/2016

Permanent Address ..FCI MINABAZAR, BIKRAMPUR, ANGUL, ODISHA, INDIA

Place of Birth..DHH ANGUL, ANGUL

Registration No..8440/2016

Signature of Issuing Authority
Registrar
Births & Deaths
ANGUL MUNICIPALITY

Date : 3/2/2017