FORM NO.-7/8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

VYASANAGAR MUNICIPALITY

CERTIFICATE OF BIRTH

Issued under section 12(1) 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 VYASANAGAR MUNICIPALITY of Tahasil VYASANAGAR of District JAJPUR of State of ODISHA

Date of Birth 20/04/2015

Sex FEMALE

Name SUBHASMITA SWAIN

Name of Father TAPAN KUMAR SWAIN

Name of Mother NAMITA SWAIN

Date Of Registration 21/04/2015

Permanent Address BOTALANDA, DAMADARPUR, SUKINDA, JAJPUR, ODISHA, INDIA

Place of Birth LAXMI HOSPITAL, VYASANAGAR

Registration No 999/2015

Date : 28/9/15

Signature of Issuing Authority
Registrar of Births & Deaths
Vyasanagar Municipality

28/9/15