

(English Version)



FORM NO. 7/8

ISSUE NO : 3861/2019

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 following information has been taken from the original records of birth which is in the
register for **Angul Municipality** of Tahasil **ANGUL**
of District **ANGUL** of State **ODISHA**

Date of Birth..... 01/11/2019

Sex..... FEMALE

Name..... SONALITA SAMAL

Name of Father..... NAROTAM SAMAL

Name of Mother..... LIJA PATTANAYAK

Date Of Registration..... 05/11/2019

Permanent Address..... CHALAGARH, GHANTAPADA,

..... COLLIERY, ANGUL, ODISHA, INDIA

Place of Birth..... CHANDAN NURSHING HOME, ANGUL

Registration No..... 6717/2019



Date : 11/12/2019

Signature valid

Digitally signed by BINOD
CHANDRA PANDA
Date: 2019.12.11 13:30:49
IST
Reason: Birth Application
Location: ANGUL

MR BINOD CHANDRA PANDA
Issuing Authority
Registrar, Births & Deaths
ANGUL MUNICIPALITY

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.