



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 District **ANGUL** of State of **ODISHA** of Tahasil **ANGUL**

Date of Birth **20/05/2018**

Sex **FEMALE**

Name **SUSHREE PRALIPTA BEHERA**

Name of Father **ARUNA KUMAR BEHERA**

Name of Mother **SUCHARITA MUDULI**

Date Of Registration **06/06/2018**

Permanent Address **GOBARA, VIKRAMPUR, ANGUL,**

ODISHA, INDIA

Place of Birth **DHH ANGUL, ANGUL**

Registration No. **3253/2018**



Signature valid

Digitally signed by SUBHANSU KHANNA AR JENA
Date: 2018.06.21 06:10
Reason: BN Application
Location: ANGUL

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 2008 and its subsequent amendments in 2008. For any query, please visit <https://www.ubodisha.gov.in>. Tampering of this certificate will attract penal action.

Date : **26/10/2018**

Signature of Issuing Authority
Registrar
Births & Deaths
ANGUL MUNICIPALITY