

(English Version)

FORM NO-7/8



ISSUE NO : 931/2021

GOVERNMENT OF ODISHA
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Talcher 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 **Talcher Municipality** of Tahasil **TALCHER**
of District **ANGUL** of State **ODISHA**

Date of Birth.....**28/08/2014**

Sex.....**MALE**

Name.....**AYUSH PRADHAN**

Name of Father.....**KHAGESWAR PRADHAN**

Name of Mother.....**RASMITA DEHURY**

Date Of Registration.....**29/08/2014**

Permanent Address.....**BRAJANATHPUR,**

RADHARAMANPUR, TALCHER, ANGUL, ODISHA.

INDIA

Place of Birth.....**SUBDIVISIONAL HOSPITAL,**

TALCHER

Registration No.....**1761/2014**



Signature valid

Digitally signed by
RASHMIREKHA AAMANTA
Date: 2021.07.26 17:10:28
IST
Reason: Birth Application
Location: TALCHER

MISS RASHMIREKHA AAMANTA
Issuing Authority
Registrar, Births & Deaths
TALCHER MUNICIPALITY

Date :26/07/2021

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.