

(English Version)



FORM NO.-7/8

# GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE  
ANGUL 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 **Angul Municipality** of District **ANGUL** of State of **ODISHA** of Tahsil **ANGUL**.

Date of Birth **30/03/2017** Permanent Address **GOBARA, VIKRAMPUR, ANGUL, ANGUL, ODISHA, INDIA**

Sex **FEMALE**

Name **SWAYAM SRADHA BARIK**

Name of Father **SUNIL KUMAR BARIK**

Name of Mother **SARASWATI BEHERA**

Date Of Registration **02/04/2017** Registration No **1879/2017**



Signature valid

Digitally signed by  
PRATIMA KUMAR SAHU  
Date: 2018.05.10 20:42  
IST  
Reason: No Application  
Location: ANGUL

*Pratima K. Sahu*

Note: This 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.ahdodisha.gov.in>. Tampering of this certificate will attract penal action.

Signature of Issuing Authority

Registrar

Births & Deaths

ANGUL MUNICIPALITY

Date: **14/05/2018**