(English Version)

FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
TALCHER MUNICIPALITY

OFFICE OF THE REGISTRAR BIRTHS & DEATHS 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 the following information has been taken from the original record of birth which is in the register for TALCHER MUNICIPALITY of Tahasil TALCHER of District ANGUL of State of ODISHA

Date of Birth 16/03/2013

Sex FEMALE

Name LITIKA RANI SAHOO

Name of Father MANAGOBINDA SAHOO

Name of Mother TAPASWINI PRADHAN

Date Of Registration 18/03/2013

Permanent Address GAHAM, GAHAM, SAMAL BARRAGE, ANGUL, ODISHA, INDIA

Place of Birth SUBDIVISIONAL HOSPITAL, TALCHER

Registration No 430/2013

27.9.16

REGISTRAR BIRTHS & DEATHS Talcher Municipality

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date : 26/09/2016