(English Version)

FORM NO.- 7 / 8

OFFICE OF THE REGISTRAR • BIRTHS & DEATHS • TALCHER MUNICIPALITY

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 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.....**12/10/2017**.....

Sex.....**MALE**.....

Name.....**SOMPRATIK NAYAK**.....

Name of Father.....MANOJ NAYAK.....

Name of Mother.....SAJITA NAYAK.....

Date Of Registration.....**21/10/2017**.....

Permanent Address.....AT/PO-RODA, PS-PARJANG,.....

DHENKANAL, ODISHA, INDIA.....

.....

Place of Birth.....SANJIBANI CLINIC, TALCHER.....

.....

Registration No.....**1201/2017**.....

18.11.17

REGISTRAR
BIRTHS & DEATHS
Talcher Municipality

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date :

18/11/2017