

(English Version)

FORM NO.- 7 / 8



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 **12/04/2018**

Permanent Address **PATTAKHAMAN, KANIHA,**

Sex **MALE**

KANIHA, ANGUL, ODISHA, INDIA

Name **SAI SANCHIT SAHOO**

Name of Father **DEBRAJ SAHOO**

Place of Birth **SUBDIVISIONAL HOSPITAL,**

Name of Mother **RASMITA SAHOO**

TALCHER

Date Of Registration **20/04/2018**

Registration No **476/2018**



Signature valid

Digitally signed by ATASI
PARID
Date: 2018.04.19 15:39:40
IST
Reason: Birth Application
Location: TALCHER

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, please visit <https://www.ubodisha.gov.in>. Tampering of this certificate will attract penal action.

Date

19/06/2018

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY