(English Version)

FORM NO.- 7 / 8

OFFICE OF THE REGISTRAR TALCHER MUNICIPALITY BIRTHS & DEATHS

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 14/07/2014

Sex MALE

Name DEBASISH NAIK

Name of Father JUGAL KISHOR NAIK

Name of Mother GAYATRI NAIK

Date Of Registration 03/08/2014

Permanent Address MANIKAMARA, MANIKAMARA, PARJANG, DHENKANAL, ODISHA, INDIA

Place of Birth SUBDIVISIONAL HOSPITAL, TALCHER

Registration No 1381/2014

5.8.16

REGISTRAR BIRTHS & DEATHS Talcher Municipality

Signature of Issuing Authority

Registrar

Births & Deaths

TALCHER MUNICIPALITY

Date :

02/08/2016