

FORM NO. 7

(See Rule 8)

BIRTH CERTIFICATE

(Issued Under Section 17)



This is to certify that the following information has been taken from the original record of birth, which is the register for (local areas)

THE YEAR 2012 OF GODIBANDHA C.H.C. TALCHER.

of District ANGUL of State of Orissa.

Name Stefi Pragyada Das

Sex Female

Name of Mother Jenu Das

Permanent Address of parents De. Nakkeepashi, P.O. Panara

P.O. Colceery, Dist. Angul.

Date of Birth 10.03.2012

Place of Birth N.S.C Hospital

Registration No. 483

(ADSH-14)

Name of Father Birendra Kumar Das

Date of Registration 13.03.2012

Date 02.09.2013

Recd 13/09/13

Signature of Issuing Authority

Registrar Birth & Death

Godibandha C.H.C.

Dist.: Angul