Schedule XXX–Form No.7

FORM No. 7

(*See* Rule 8)

BIRTH CERTIFICATE

OFFICE OF THE REGISTAR OF BIRTHS AND DEATHS AND MEDICAL OFFICER, ODAPADA C.H.C. DIST - DHENKANAL
LETTER NO. 536 DATED 9.4.15

(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) VOL I 2012 CH.C ODAPADA of Tahasil ODAPADA

of District DHENICANAL of State of Odisha

Name RAJESH KUMAR ROUT

Sex MALE

Date of Birth 03.11.2012 (3RD NOV 2012)

Place of Birth MERAMANDALI HOSPITAL

Name of Father KAILASH CHANDRA ROUT

Name of Mother JASHODA ROUT

Permanent Address of parents AT: NIMIDHA P.S. MOTANGA DIST DHENICANAL

Registration No. 1126 | 2012 ODISHA

Date of Registration 05.11.2012

09.4.2015

Signature of Issuing Authority

Registar of Births and Deaths & Medical Officer I/C
Seal
Odapada C.H.C., Dist - Dhenkanal

Date 9/4/2015

OGP (Forms) CTP--136--10,00,000--10-04-2014