

(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 District ANGUL of State of ODISHA of Tahasil TALCHER

Date of Birth 05/12/2018

Permanent Address MAHARANASAHU, TALCHER

Sex MALE

TOWN, TALCHER, ANGUL, ODISHA, INDIA

Name SOMRESH SAHOO

Name of Father AKSHYA SAHOO

Place of Birth SUBDIVISIONAL HOSPITAL,

Name of Mother UPAMA SAHOO

TALCHER

Date Of Registration 12/12/2018

Registration No. 1514/2018



Signature valid

Digitally signed by ATASI
PARID
Date: 2019.01.23 16:36:25
IST
Reason: BMD 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.albodisha.gov.in>. Tampering of this certificate will attract penal action.

Date:

18/01/2019

Signature of Issuing Authority

Registrar

Births & Deaths

TALCHER MUNICIPALITY