(English Version)

FORM No.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
TALCHER MUNICIPALITY

TALCHER MUNICIPALITY REGISTRAR BIRTHS & DEATHS

CERTIFICATE OF BIRTH

Issued under section 12(1) 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 Tahesil TALCHER of District ANGUL of State of ODISHA

TALCHER MUNICIPALITY

Date of Birth 13/04/2013

Sex MALE

Name ARMAN SAHOO

Name of Father SUNIL SAHOO

Name of Mother SONALI SAHOO

Date Of Registration 14/04/2013

Permanent Address GHANTAPADA, GHANTAPADA COLLIERY, ANGUL, ODISHA, INDIA

Place of Birth SANJIBANI CLINIC, TALCHER

Registration No 594/2013

1-11-13

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date : 01.11.2013