

(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 Tahasil **TALCHER**

of District **ANGUL** of State of **ODISHA**

Date of Birth **31/07/2014**

Permanent Address **BAGHUABOL, HATATOTA,**

Sex **MALE**

TALCHER, ANGUL, ODISHA, INDIA

Name **PRIYANSU KUMAR NAIK**

Name of Father **PRASANTA NAIK**

Place of Birth **SUBDIVISIONAL HOSPITAL,**

Name of Mother **ROJALIN NAIK**

TALCHER

Date Of Registration **01/08/2014**

Registration No **1534/2014**

Signature of Issuing Authority

Registrar

Births & Deaths

Date: **18.12.14**

TALCHER MUNICIPALITY