

(English Version)

FORM NO-7/8

ISSUE NO : 9264/2020



**GOVERNMENT OF ODISHA**  
**DEPARTMENT OF HEALTH AND FAMILY WELFARE**  
**Angul 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 following information has been taken from the original records of birth which is in the register for **Angul Municipality** of Tahasil **ANGUL** of District **ANGUL** of State **ODISHA**

Date of Birth.....	16/05/2018	Permanent Address.....	KHAMBESWARIPALLI,
Sex.....	FEMALE		ATHAMALLIK, ANGUL, ODISHA, INDIA
Name.....	BISWARUPA NAYAK		
Name of Father.....	PRAKASH CHANDRA NAYAK	Place of Birth.....	ARETE CARE HOSPITAL, ANGUL
Name of Mother.....	SWAGATIKA NAYAK		
Date Of Registration.....	21/05/2018	Registration No.....	2885/2018



Signature valid

Digitally signed by MR BINOD CHANDRA PANDA  
Date: 2020.11.02 15:36:50  
Reason: BIR Application  
Location: ANGUL

MR BINOD CHANDRA PANDA  
Issuing Authority  
Registrar, Births & Deaths  
ANGUL MUNICIPALITY

**Date : 05/11/2020**  
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 2008 and its subsequent amendments in 2008. For any query or verification, please visit <https://www.ubodisha.gov.in>. Tampering of this certificate will attract penal action.