(English Version)

FORM NO-7/8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Berhampur Municipal Corporation

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 **Berhampur Municipal Corporation** of Tahasil **BERHAMPUR** of District **GANJAM** of State **ODISHA**

Date of Birth..... **24/10/2017**

Sex..... **FEMALE**

Name... **NITUSHREE BISWAL**

Name of Father..... **MOHAN BISWAL**

Name of Mother..... **CHANDINI BISWAL**

Date Of Registration..... **13/11/2017**

Permanent Address..... **GURUDWAR, BOLANDA,**

BIPLAMPUR, ANGUL, ODISHA, INDIA

Place of Birth..... **CITY HOSPITAL, BERHAMPUR**

Registration No..... **17785/2017**

Signature valid

Digitally signed by PRAKASH CHANDRA MAHAPATRA
Date: 2019.02.12 10:06:14 IST
Reason: Birth Application
Location: BERHAMPUR

REGISTRAR OF BIRTHS & DEATHS &

Signature of Issuing Authority

Registrar

Births & Deaths

BERHAMPUR MUNICIPAL CORPORATION

Date :12/02/2019

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 or verification, please visit https://www.ulbodisha.gov.in. Tampering of this certificate will attract penal action.