

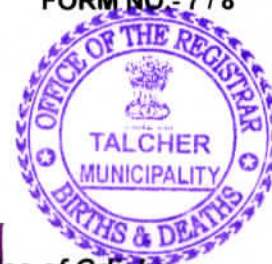
(English Version)



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 18/12/2015

Permanent Address AT/PO-BGOBARA

Sex MALE

PS-BIKRAMPUR, ANGUL, ODISHA, INDIA

Name SIVASISH PANDA

Name of Father PRASANNA PANDA

Place of Birth SUBDIVISIONAL HOSPITAL,

Name of Mother SASMITA MISHRA

TALCHER

Date Of Registration 30/12/2015

Registration No 2217/2015

Date : 19/05/2016

21.5.16
REGISTRAR
BIRTHS & DEATHS
Talcher Municipality
Registrar
Births & Deaths
TALCHER MUNICIPALITY