(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 19/02/2014

Sex MALE

Name SUBHAM MOHAPATRA

Name of Father KABI MOHAPATRA

Name of Mother SOUBHAGINI MOHAPATRA

Date Of Registration 24/02/2014

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

Place of Birth JENA AND JENA NURSINGHOME, TALCHER

Registration No 249/2014

28.4.17

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date :
25/04/2017