

(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 21/08/2018

Permanent Address AMBITHI, MAHIDHARPUR,

Sex MALE

HINDOL, DHENKANAL, ODISHA, INDIA

Name RIYANSHU SAHU

Name of Father NIRMAL KUMAR SAHU

Place of Birth SANJIBANI CLINIC, TALCHER

Name of Mother PRIYADARSANI SAHU

Date Of Registration 31/08/2018

Registration No 1050/2018



Signature valid

Digitally signed by ATASI
PARIDA
Date: 2018.12.09 12:32:11
IST
Reason: Birth Application
Location: TALCHER

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

Date :

07/12/2018

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY