(English Version)

FORM NO.- 7 / 8

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 the following information has been taken from the original record of birth which is in the egister for ANGUL MUNICIPALITY of Tahasil ANGUL of District ANGUL of State of ODISHA

Date of Birth 24/09/2015

Sex FEMALE

Name LIPSHA BEHERA

Name of Father KUMUDA BEHERA

Name of Mother MANINI BEHERA

Date Of Registration 08/10/2015

Permanent Address KANKAREI NISHA, ANGUL, ODISHA, INDIA

Place of Birth DHH ANGUL, ANGUL

Registration No 6310/2015

Signature of Issuing Authority
Registrar
Births & Deaths
ANGUL MUNICIPALITY

Date : 28.03.16