

(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 Talasil TALCHER

of District ANGUL of State of ODISHA

Date of Birth 25/06/2016

Sex FEMALE

Name ARADHYA SAHOO

Name of Father PRAVAT SAHOO

Name of Mother ARATI SAHOO

Date Of Registration 27/06/2016

Permanent Address NEW BALANDA, HANDIDHUA,

COLLIERY, ANGUL, ODISHA, INDIA

Place of Birth JENA AND JENA NURSINGHOME,

TALCHER

Registration No. 1003/2016

Date

29/09/2016

REGISTRAR

Signature of Issuing Authority

Talch-Registrality

Births & Deaths

TALCHER MUNICIPALITY