

(English Version)



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 register for **ANGUL MUNICIPALITY** of District **ANGUL** of State of **ODISHA** of Tahasil **ANGUL**

Date of Birth **30/05/2016** Permanent Address **DASIPUR, RAIKANKA,**

Sex **FEMALE** **KENDRAPARA, ODISHA, INDIA**

Name **SANDHIYA RANI MALIK** Place of Birth **DHH ANGUL, ANGUL**

Name of Father **JASOBANTA MALIK**

Name of Mother **MANJULATA MALIK**

Date Of Registration **16/06/2016** Registration No. **4315/2016**

Signature of Issuing Authority

Date **07-06-2017** Births & Deaths
ANGUL MUNICIPALITY