(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 05/11/2012

Permanent Address DERA COLLIERY, DERA COLLIERY, COLLIERY, ANGUL, ODISHA, INDIA

Sex MALE

Name SOMYA RANJAN PRADHAN

Name of Father DILESWAR PRADHAN

Place of Birth SANJIBANI CLINIC, TALCHER

Name of Mother KADAMBINI PRADHAN

Date Of Registration 12/11/2012

Registration No 2214/2012

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date : 02-04-2013

TALCHER MUNICIPALITY