

(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 **13/04/2018**

Permanent Address **AT-KALADA, PO-KUALO,**

Sex **FEMALE**

PS-PARJANG, DHENKANAL, ODISHA, INDIA

Name **SMRUTI REKHA NAIK**

Name of Father **ABHAY KUMAR NAIK**

Place of Birth **SANJIBANI CLINIC, TALCHER**

Name of Mother **DALI NAIK**

Date Of Registration **20/04/2018**

Registration No **473/2018**



Signature valid

Digitally signed by ATASI
PARIDA
Date: 2018.07.21 16:10:09
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:

21/07/2018

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY