FORM NO-7/8

ISSUE NO: 1072/2020

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 following information has been taken from the original records of birth which is in the register for Talcher Municipality of Tahasil TALCHER of District ANGUL of State ODISHA

Registration No. 218/2017	Date Of Registration 23/02/2017
TALCHER	Name of Mother RINKY BEHERA
Place of BirthSUBDIVISIONAL HOSPITAL,	Name of Father NIRANJAN BEHERA
	Name SAISMITA BEHERA
COLLIERY, TALCHER, ANGUL, ODISHA, INDIA	SexREMALE
Permanent Address DERA, DERA COLLIERY,	Date of Birth20/02/2017



Date:09/10/2020

Signature valid
Digitally signed TASI
PARID
Date: Tax 1 16:40:24
IST
Reason: By Application
Location: TALCHER

MRS ATASI PARIDA
Issuing Authority
Registrar, Births & Deaths
TALCHER MUNICIPALITY

Act 2000 and its subsequent amendments in 2008. For any query or verification, please visit https://www.ulbodisha.gov.in. Tampering of this certificate will attract penal action 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