Schedule XXX–Form No.7

FORM No. 7

(*See* Rule 8)

BIRTH CERTIFICATE

(Issued under Section 17)

This is to certify that the following information has been taken from the original record of birth, which is the register for (local areas)
THE YEAR 2010 OF GODIBANDHA C.H.C. TALCHER of Tahasil .....

of District ANGUL. of State of Odisha

Name Manini Gochhayat.

Sex Female

Date of Birth 21.10.2010.

Place of Birth N.S.C Hospital

Name of Father Madan Gochhayat.

Name of Mother Jhili Gochhayat.

Permanent Address of parents At. Rakash
P.O. Padmabatipur
P.S. Talcher Dist. Angul.

Registration No. 1540. (ODISHA)

Date of Registration 30.10.2010.

12/5/15

Signature of Issuing Authority
Registar Births & Deaths
Godibandha C.H.C.
Dist. :- Angul

Seal

Date 12.05.2015.

12/5/15

OGP (Forms) CTP--136--10,00,000--10-04-2014