Schedule XXX--Form No. 7

OFFICE OF THE
REGISTRAR OF BIRTHS & DEATHS
&
MEDICAL OFFICER I/C.
C.H.C. ANLABERENI
DT. DHENKANAL (ORISSA)
No. 955 dt. 31/12/14

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)

U/C 01/2013, CHC Anlaberent of Tahsil Kamakhyanagar

of District Dhenkanal of State of Orissa.

Name Atsha Das

Sex Female

Date of Birth 06.07.2013

Place of Birth CHC Anlaberent

Name of Father Elek Ronjon Das

Name of Mother Srabani Das

Permanent Address of parents At. Nua-Alatema, P.O. P.S. Kamakhyanagar Dist Dhenkanal

Registration No. 1193/2013

Date of Registration 07.07.2013

Date 31.12.2014

REGISTRAR OF BIRTHS & DEATHS
&
Medical Officer I/C.
C.H.C. Anlabereni
Dist. Dhenkanal,(Odisha)

Signature of Issuing Authority

Seal

OGP(FORMS) DTP--172--8,00,000-14-10-2011