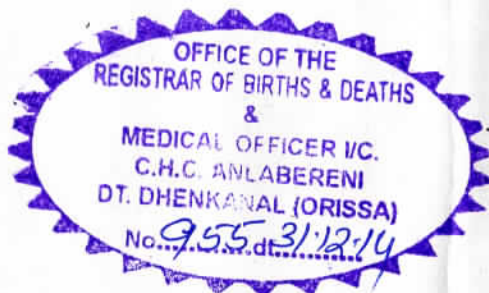


FORM NO. 7

(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)

UP 0012013, CHC Anlaberani of Tahsil. Komakhyanagar

of District. Dhenkanal of State of Orissa.

Name. Atisha Das

Name of Mother. Srabanti Das

Sex. Female

Permanent Address of parents. At. Nua Alatuma,

Date of Birth. 06-07-2013, P.O. P.S. Komakhyanagar

Place of Birth. CHC Anlaberani Dist. Dhenkanal

Name of Father. Elek Ronjen Das

Registration No. 1193 / 2013

Date of Registration. 07-07-2013

Date. 31.12.2014

[Signature]
 REGISTRAR OF BIRTHS & DEATHS
 Signature of Issuing Authority
 Medical Officer I/C.
 C.H.C. Anlaberani
 Dist. Dhenkanal, (Odisha)