(English Version)

FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE
TALCHER MUNICIPALITY

OFFICE OF THE REGISTRAR BIRTHS & DEATHS TALCHER MUNICIPALITY

CERTIFICATE OF BIRTH

Issued under Section 12(1) 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 27/09/2015

Sex FEMALE

Name SANIDHYAA SAHOO

Name of Father RANJAN SAHOO

Name of Mother MAMATA SAHOO

Date Of Registration 29/09/2015

Permanent Address AT-NEW BALANDA, PO-HANDIDHUA, PS-COLLIERY, ANGUL, ODISHA, INDIA

Place of Birth SANJIBANI CLINIC, TALCHER

Registration No 1643/2015

7.1.16

REGISTRAR BIRTHS & DEATHS Talcher Municipality

Signature of Issuing Authority
Registrar
Births & Deaths
TALCHER MUNICIPALITY

Date : 05/01/2016