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)

SAMBALPUR MUNICIPAL CORPORATION ..... of Tahsil SAMBALPUR .....

of District SAMBALPUR .....of State of Orissa.

Name Pari Mahapatra

Sex Female

Date of Birth 03-06-2014

Place of Birth Gamaleswari, N.H. Bsr/a

Name of Father Laxmidhar Mahapatra

Name of Mother Chhabi Rani Mahapatra

Permanent Address of parents Kuchinda

Dist Sambalpur

Registration No. 3172/14

Date of Registration 12-06-2014

Date 8/4/15

Signature of Issuing Authority

Registrar of Births & Deaths
& Health Officer
Sambalpur Municipal Corporation

Seal

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