(English Version)

FORM NO.- 7 / 8

GOVERNMENT OF ODISHA

DEPARTMENT OF HEALTH AND FAMILY WELFARE

TALCHER MUNICIPALITY

CERTIFICATE OF BIRTH

Issued under section 12/17 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 **05/02/2019**

Sex **FEMALE**

Name **SRUTIRANI MOHAPATRA**

Name of Father PINKULU MOHAPATRA

Name of Mother PRAVASINI RANA

Date Of Registration **15/02/2019**

Permanent Address DEULBERA COLLIERY, DEULBERA COLLIERY, COLLIERY, ANGUL, ODISHA, INDIA

Place of Birth SANJIBANI CLINIC, TALCHER

Registration No **155/2019**

Signature valid

Digitally signed by [illegible] TASI PARIDA

Date: 2019.03.26 12:18:38 IST

Reason: Birth Application

Location: TALCHER

Note: It is a digitally signed electronically generated certificate and therefore needs no ink-signed signature. This certificate is issued as per section 4, 5 & 6 of Information Technology Act 2000 and its subsequent amendments in 2008. For any query, please visit https://www.ulbodisha.gov.in. Tampering of this certificate will attract penal action.

Date : 26/03/2019

Registrar
Births & Deaths
TALCHER MUNICIPALITY