

(English Version)

FORM NO-7/8



**GOVERNMENT OF ODISHA**  
**DEPARTMENT OF HEALTH AND FAMILY WELFARE**  
**Angul 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 following information has been taken from the original records of birth which is in the  
register for **Angul Municipality** of Tahasil **ANGUL**  
of District **ANGUL** of State **ODISHA**

Date of Birth.....	30/09/2018	Permanent Address.....	BAGIDIA, CHHENDIPADA,
Sex.....	FEMALE		ANGUL, ODISHA, INDIA
Name.....	SANVI GARNAIK		
Name of Father.....	CHIRANJIB GARNAIK	Place of Birth.....	DHH ANGUL, ANGUL
Name of Mother.....	SUCHISMITA SAHOO		
Date Of Registration.....	12/10/2018	Registration No.....	5950/2018



Signature valid

Digitally signed by BINOD  
CHANDRA PANDA  
Date: 2019.11.15 11:32:05  
IST  
Reason: Birth Application  
Location: ANGUL

MR BINOD CHANDRA PANDA  
Issuing Authority  
Registrar, Births & Deaths  
ANGUL MUNICIPALITY

Date :15/11/2019

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 or verification, please visit <https://www.ulbodisha.gov.in>. Tampering of this certificate will attract penal action.