

(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 the following information has been taken from the original record of birth which is in the
register for **ANGUL MUNICIPALITY** of Tahasil **ANGUL**

of District **ANGUL** of State of **ODISHA**

Date of Birth **28/02/2017**

Permanent Address **BAGHAMARA COLLIERY**

Sex **MALE**

ANGUL, ODISHA, INDIA

Name **SAIKRISHNA SAHOO**

Name of Father **MADHUBRATA SAHOO**

Place of Birth **DHH ANGUL, ANGUL**

Name of Mother **SAROJINI BISWAL**

Date Of Registration **15/03/2017**

Registration No. **1493/2017**



Signature of Issuing Authority

Registrar

Births & Deaths

ANGUL MUNICIPALITY

Date **17/10/2017**