



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)

2015 of Mathakuranga CH of Talasli Mathakuranga

of District Dhenkanal of State of Odisha

Name SAIKRISHNA DAS Name of Mother RASHMITA DAS

Sex MALE Permanent Address of parents At Mathakuranga

Date of Birth 05/09/2015 (8th September 2015) 10 Kanhalal, P.S. Dhuban, Dhenkanal

Place of Birth Mathakuranga CH Registration No. 824/15

Name of Father ASHOK DAS Date of Registration 10th September 2015

Date 30/09/2015

Registrar Births & Deaths  
Signature of Issuing Authority  
Medical Officer in charge  
C.H.C. Mathakuranga  
Dist-Dhenkanal